



# EMPLOYMENT APPLICATION

APPLICANT INFORMATION															
Last Name				First				M.I.		Date of Birth					
Street Address						Apartment/Unit #									
City				State				ZIP							
Phone				E-mail Address											
Date Available				Social Security No.											
Position Applied For						Desired Salary									
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?							
EDUCATION															
High School				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
PROFESSIONAL LICENSURE / CERTIFICATION										STATE ISSUED					
License / Certificate#															
License / Certificate#															
EMPLOYMENT HISTORY															
Company						Phone		( )							
Address						Supervisor									
Job Title				Starting Salary		\$		Ending Salary		\$					
Responsibilities															
From		To		Reason for Leaving											
May we contact this employer for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>									
Company						Phone		( )							
Address						Supervisor									
Job Title				Starting Salary		\$		Ending Salary		\$					
Responsibilities															
From		To		Reason for Leaving											
May we contact this employer for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>									



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## REFERENCES

List 3 references: **\*\*\*Please note you must provide at least 1 professional reference\*\*\***

Full Name		Relationship	
Company		Phone ( )	
Address			
Full Name		Relationship	
Company		Phone ( )	
Address			
Full Name		Relationship	
Company		Phone ( )	
Address			

## GENERAL INFORMATION

Please list areas of proficiency, special skills or training.

**Have you ever pled guilty, no contest or been convicted of a crime? YES  NO**

If YES, please disclose all criminal convictions, findings of guilt, pleas of guilty to a misdemeanor or felony charge, any suspended imposition of sentence, any suspended execution of sentence, any period of probation or parole, or pleas of no contest excluding minor traffic offenses.

## BACKGROUND SCREENING

Will you consent to a pre-employment criminal record check? YES  NO  Will you consent to a closed record check YES  NO

Are you currently listed on the EDL (Employee Disqualification List)? YES  NO

Have you **ever** used any other names/aliases or SSN#? YES  NO  If YES, please list below.

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize **Care Solutions In-Home Services, LLC** to make such investigations and inquiries of my personal, employment, educations, and other related matters as may be necessary for an employment decisions. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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## FOR OFFICE USE ONLY

FCSR Check # Outcome		Date Verified		Verified By
EDL Check # Outcome		Date Verified		Verified By
License / Certification Active?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Verified		Verified By
Interviewer		Date		
Date of Hire		Date of Termination		