

Premier Care Homecare

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last Name First)				Social Security No.
Present Address	Apt. No.	City	State	Zip
Permanent Address	Apt. No.	City	State	Zip
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone			

DESIRED EMPLOYMENT

Position	Date you can start?	Salary Desired	Applied before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
Who referred you? <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> College Placement <input type="checkbox"/> Walk in <input type="checkbox"/> Friend <input type="checkbox"/> Other:				

EDUCATION

School Level	Name and Location of School	Years?	Graduated (Date)	Subjects/Specialty
High School				
Trade, Business or Correspondence School				
College				
Other				

GENERAL

Subjects of Special Study or Research Work
Special Training
Special Skills

FORMER EMPLOYERS (List below last three employers, starting with the most recent one first)

Name of present or last employer			
Address	City	State	Zip
Job Title	Starting Date	Leaving Date	Starting Salary
Immediate Supervisor's Name and Title	Phone	May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary
Description of Work			
Reason for Leaving			

Application For Employment Continuation

Name of previous employer			
Address	City	State	Zip
Job Title	Starting Date	Leaving Date	Starting Salary
Immediate Supervisor's Name and Title	Phone	May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary
Description of Work:			
Reason for Leaving:			

Name of previous employer			
Address	City	State	Zip
Job Title	Starting Date	Leaving Date	Starting Salary
Immediate Supervisor's Name and Title	Phone	May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary
Description of Work			
Reason for Leaving			

REFERENCES (Give the name of three persons you are not related to, whom you have known at least one year)

Name	Address	Years acquainted

OTHER

Have you been convicted of a criminal offense or have any felony or misdemeanor charges pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain!		
Have you ever used narcotics without a prescription?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain!		

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also authorize criminal and credit check investigations as conditions prior to consideration for employment. Furthermore, if I'm offered an opportunity to work I authorize random drug checks prior and during my employment term at this Practice.

I also understand and agree that no representative of your business, unless otherwise specified, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by and authorized representative."

Signature

Date