

TENDER LOVING HOMECARE, INC

Employment Application



EMPLOYMENT APPLICATION

Position: _____ **Date:** _____

This application must be completely filled out to be considered for employment. If you have questions, concerns or need clarification, please see the company contact.

PERSONAL DETAILS

Full Name (First, MI, Last): _____

Social Security #: _____ Date of Birth: _____

Physical Address: _____

Mailing Address (if different): _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Best Way to Contact you: _____

How did you hear about our Company?: _____

Are you employed now (circle one)?: YES NO

If YES, provide manager/supervisor's name and phone number: _____

Are you 18 years of older (circle one)?: YES NO

Are you legally able to work in the United States (circle one)?: YES NO

Have you ever worked for this Company (circle one)?: YES NO

If yes, what dates and reason you left: _____

Internal Use

Interview Date: _____ By Whom: _____ Hired: YES NO

Were any special instructions given to applicant in regards to filling out this form? (If left blank, then no instructions were given):

AVAILABILITY

Please provide your availability for work. Providing this information does not guarantee that those hours will and are available. Please keep in mind that this Company is 24/7 and all shifts must be covered. Employees are expected to work every other weekend; provide that availability below.

On the lines below the day, write in the hours available (ex. 7-3PM or 14:00-23:30 or 7 am-midnight). The more hours provided, the more shifts could be available.

Please Circle all that apply- which hours are best suited to your availability:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Morning Afternoon Evening Overnights (circle all that apply)

Part-Time Full-time Seasonal Temporary (circle all that apply)

Can you lift 50 pounds? YES NO (circle one)

EMPLOYMENT HISTORY

Please provide *all* employers for the last 3 (three) years of employment. If you need additional space, please use the back of this paper. Start from the most recent, working backwards.

Name of Employer: _____

Address: _____

Phone Number: _____

Supervisor name and Phone Number: _____

Job Title: _____

Dates of Employment: From _____ to _____ Rate of Pay: \$ _____ hourly/salary

Reason for leaving: _____

Provide a detailed description of responsibilities and job duties:

Name of Employer: _____

Address: _____

Phone Number: _____

Supervisor name and Phone Number: _____

Job Title: _____

Dates of Employment: From _____ to _____ Rate of Pay: \$ _____ hourly/salary

Reason for leaving: _____

Provide a detailed description of responsibilities and job duties:

Name of Employer: _____
Address: _____
Phone Number: _____
Supervisor name and Phone Number: _____
Job Title: _____
Dates of Employment: From _____ to _____ Rate of Pay: \$ _____ hourly/salary
Reason for leaving: _____
Provide a detailed description of responsibilities and job duties:

Name of Employer: _____
Address: _____
Phone Number: _____
Supervisor name and Phone Number: _____
Job Title: _____
Dates of Employment: From _____ to _____ Rate of Pay: \$ _____ hourly/salary
Reason for leaving: _____
Provide a detailed description of responsibilities and job duties:

Name of Employer: _____
Address: _____
Phone Number: _____
Supervisor name and Phone Number: _____
Job Title: _____
Dates of Employment: From _____ to _____ Rate of Pay: \$ _____ hourly/salary
Reason for leaving: _____
Provide a detailed description of responsibilities and job duties:

Name of Employer: _____
Address: _____
Phone Number: _____
Supervisor name and Phone Number: _____
Job Title: _____
Dates of Employment: From _____ to _____ Rate of Pay: \$ _____ hourly/salary
Reason for leaving: _____
Provide a detailed description of responsibilities and job duties:

EDUCATION

Please provide any relevant certifications, licenses, or degrees needed for this position. If you need additional space, please use the back of this paper.

Name of School: _____
Address: _____
Dates Attended: _____
Graduate (circle one): YES NO
Certificate or licensure (circle one): YES NO Field of Study: _____
Degree (circle one): YES NO Field of Study: _____
License or Certification Number: _____
Expiration/renewal Date of License or Certification: _____

Name of School: _____
Address: _____
Dates Attended: _____
Graduate (circle one): YES NO
Certificate or licensure (circle one): YES NO Field of Study: _____
Degree (circle one): YES NO Field of Study: _____
License or Certification Number: _____
Expiration/renewal Date of License or Certification: _____

Name of School: _____
Address: _____
Dates Attended: _____
Graduate (circle one): YES NO
Certificate or licensure (circle one): YES NO Field of Study: _____
Degree (circle one): YES NO Field of Study: _____
License or Certification Number: _____
Expiration/renewal Date of License or Certification: _____

Please provide a list of any special skills or training that would be relevant to this position.

REFERENCES

Please provide at least 3 (three) professional references below; name, contact number and title.

1. _____
2. _____
3. _____

BACKGROUND

Any information provided is confidential and does not exclude *any* applicants from the hiring process. Due to the nature of the company and the care the company provides, full disclosure is required. All the following fields must be filled in with an answer, or N/A if it does not apply. If you need additional space, please use the back of this paper.

Have you ever been arrested? (circle one): YES NO

If YES, when? _____

What were the charges (explain in detail)?:

Do you have charges pending?:

Are you required to register by court order? (circle one): YES NO

With what registry and why (explain in detail)? _____

Are there any reasons that you may not be able to perform the duties required for this position now, or in the next 3-6 months? (circle one): YES NO

If YES, what are the reasons (explain in detail)? _____

Is your certification or license under investigation? (Ex. LNA, LPN, RN)(circle one): YES NO

If YES, for what (explain in detail)?:

Has your certification or license even been investigate or suspended? (circle one): YES NO

If YES, for what and when? (explain in detail):

Do you have any traffic violations (Ex. Traffic tickets)? (circle one): YES NO

If YES, for what (explain in detail)?:

Do you have any traffic offenses (Ex. DUI)? (circle one): YES NO

If YES, for what (explain in detail)?:

Do you have a valid driver's license? (circle one): YES NO

If NO, why not (explain in detail)?

Please list all offenses and dates:

If you do not have a driver's license, how do you plan on getting to work?

Based on the answers provided above, you may be asked to provide a copy of your driving record. Would you be willing to provide the record if requested? (circle one): YES NO

CONSENT TO BACKGROUND AND REFERENCE CHECK

I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services and persons to release information they may have about me to this company, Tender Loving Homecare Inc., with which this form has been filed. This release the above-mentioned parties from any liability and responsibility for collecting above information.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment with Tender Loving Homecare Inc., whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references and Tender Loving Homecare Inc. from an and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Tender Loving Homecare, Inc.

Initials: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

_____ (Initials) I certify that all answers given herein are true and complete to the best of my knowledge.

_____ (Initials) I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

_____ (Initials) In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date