



FAMILYCARE Senior SolutionsSM inc.

Application For Employment

FamilyCare Senior Solutions Inc. provides equal employment opportunities to all employees and applicants for employment without regard to race, color, creed, religion, sex, national origin, age, citizenship, disability, veterans status or any other protected status. This policy governs all areas of employment at FamilyCare including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline and terminations.

Today's Date: _____

Position Desired: _____

BACKGROUND INFORMATION

Last Name	First Name	Middle Name	Social Security Number
Street Address	City	State	Zip
Home Phone			Cell Phone
Have you ever worked under a different name? If yes, what name?			Email Address
Name of Emergency Contact:		Phone Number:	

REFERRAL SOURCE

How did you hear about FamilyCare Senior Solutions, Inc:

Newspaper FamilyCare Web Site Friend Former Employee Other _____

Please list name of friend or former employee so that we can thank them. _____

AVAILABILITY

Are you looking for: Full-Time Part-Time PRN Salary Desired: _____

Preferred Work Hours: Day Time Evenings Overnights Weekends

What date are you available to start? _____ Are you Available on Short Notice? Yes No

EDUCATION

Circle Highest Grade Completed: High School 9 10 11 12 College 1 2 3 4 4+

High School Attended: _____ College Attended: _____

Date Graduated: _____ Date Graduated: _____

Nurse Aide and/or Personal Care Aide Training Program Attended: _____

Date Graduated: _____ Did you take the State Certification Exam? Yes No



EMPLOYMENT HISTORY

Please provide your 3 most recent places of employment.

Company Name: _____ City, State: _____ Phone: _____ Supervisor's Name & Title: _____ Reason for Leaving: _____ Primary Responsibilities: _____	Job Title: _____ Dates Worked: From: _____ To: _____ Beginning Salary: _____ Ending Salary: _____
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BACKGROUND INFORMATION

Have you been convicted of a crime or do you have any charges currently pending? If Yes, please explain and provide dates:	Yes No
Are you legally authorized to work in this country?	Yes No
FamilyCare has a Drug Free Workplace policy. Do you agree to adhere to this policy?	Yes No
Have you ever been employed in a position where you were required to handle cash?	Yes No

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that if hired, that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application.

I also understand that if my assignment ends I will report to FamilyCare Senior Solutions, Inc within 48 hours for another assignment. Failure to do so and/or refusal of future assigned cases will indicate voluntary resignation and result in ineligibility for unemployment.

Signature of Applicant

Date