

Hearts of Joy Senior Care Inc.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status.

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Drivers License #: _____

Have you ever been convicted of a misdemeanor, felony, DUI, or DWI? _____
If so, please provide details: _____

Auto Insurance Company: _____ Policy #: _____

Agent's Name: _____ Phone: _____

Availability:

Number of weekly hours preferred: _____

Specify days and hours available to work: _____

Any times not available to work: _____

Can you be called at the last minute in case of an emergency? _____

Education:

High School: _____ City/State: _____
Year Graduated: _____

College: _____ City/State: _____
Years Attended: _____ Degree Received: _____

Any additional special skills or courses: _____

Employment History (at least seven years beginning with present employer):

Company: _____ Dates Employed: _____

Address: _____ Phone: _____

Job Title: _____ Duties: _____

Supervisor: _____ Reason for Leaving: _____

Company: _____ Dates Employed: _____

Address: _____ Phone: _____

Job Title: _____ Duties: _____

Supervisor: _____ Reason for Leaving: _____

Company: _____ Dates Employed: _____

Address: _____ Phone: _____

Job Title: _____ Duties: _____

Supervisor: _____ Reason for Leaving: _____

Company: _____ Dates Employed: _____

Address: _____ Phone: _____

Job Title: _____ Duties: _____

Supervisor: _____ Reason for Leaving: _____

Company: _____ Dates Employed: _____

Address: _____ Phone: _____

Job Title: _____ Duties: _____

Supervisor: _____ Reason for Leaving: _____

Personal References:

Name: _____ Phone: _____
Address: _____
Years Known: _____

Name: _____ Phone: _____
Address: _____
Years Known: _____

Name: _____ Phone: _____
Address: _____
Years Known: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____
Address : _____
Relationship: _____

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Hearts of Joy Senior Care Inc. and/or its agents to verify any information including, but not limited to, motor vehicle driving records, education, employment history, and criminal record history. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. As required by Hearts of Joy Senior Care Inc. company policy, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE : _____ **DATE:** _____

FOR OFFICE USE ONLY- Interviewer Comments: