**Page 1 of 4**

# APPLICATION FOR EMPLOYMENT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **POSITION APPLIED FOR:** |  | | **TODAY’S DATE** (MM/DD/YYYY)**:** | | **DATE AVAILABLE FOR WORK** (MM/DD/YYYY)**:** | |
| **LAST NAME** (Mr. Mrs. Ms.)**:** | **FIRST NAME:** | | **MIDDLE NAME:** | | **DATE OF BIRTH** (MM/DD/YYYY)**:** | |
| **CURRENT** (No., Street)  **ADDRESS:** (City, State, Zip) |  | | | | **DRIVER’S LICENSE NUMBER:** | **ISSUING STATE:** |
| **PREVIOUS** (No., Street)  **ADDRESS:** (City, State, Zip) |  | | | | **SOCIAL SECURITY NUMBER:** | |
| **TELEPHONE NUMBER:** ( ) |  | **ALTERNATE NUMBER:** ( ) | | **EMAIL ADDRESS:** | | |

**IDENTIFY WHERE YOU LEARNED ABOUT EMPLOYMENT OPPORTUNIES WITH PRECIOUS CARE:**

**A**

**RE YOU LEGALLY ELIGI**

**BLE TO WORK IN THE**

**U**

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**TATES**

**?**

*(*

*In accordance with the Immigration report and Control Act of 1986, you have three (3) days after hiring to produce documents*

*to*

*verify U.S. citizenship and/or authorization to work in*

*the United States, and must sign a Form I*

*-*

*9).*

Yes

No

**A**

**RE YOU AT LEAST**

**18**

**YEARS OF AGE**

**?**

*(*

*if no, you may be required to provide a work authorization*

*)*

Yes

No

**H**

**AVE YOU EVER APPLIED**

**TO p**

**PrerePG**

**R**

**ECIOUS**

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**A**

**GENCY BEFORE**

?

*( if yes, please give date)*

Yes

No

**H**

**AVE YOU EVER BEEN CO**

**NVICTED OF A FELONY**

**IN THE PAST**

**7**

**YEARS**

**?**

*(*

*a conviction will not necessarily disqualify you from consideration*

*)*

If yes, please explain:

Yes

No

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**YOU ARE AVAILABLE T**

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**A**

**RE YOU AVAILABLE TO**

**WORK OVERTIME WHEN N**

**ECESSARY**

**?**

Yes

No

**EMPLOYMENT HISTORY:**

Please start with most recent employer. Use additional sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT EMPLOYER:** | **FROM:** (MM/YYYY) | **TO:** (MM/YYYY) | **SUPERVISOR NAME/TITLE:** |
| **ADDRESS:** (No. Street) (City, State, Zip)  **PHONE #:** ( ) |  | | **POSITION HELD:** |
| **ENDING SALARY:** |

**RESPONSIBILITIES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REASON FOR LEAVING:** | | | |  |
| **MAY WE CONTACT YOUR CURRENT EMPLOYER?** | | | | *If you have concerns about having your current employer contacted, please communicate those concerns to the person who conducts your initial interview to determine what, if any, alternatives exist.* |
|  | Yes |  | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **PREVIOUS EMPLOYER:** | **FROM:** (MM/YYYY) | **TO:** (MM/YYYY) | **SUPERVISOR NAME/TITLE:** |
| **ADDRESS:** (No. Street) (City, State, Zip)  **PHONE #:** ( ) |  | | **POSITION HELD:** |
| **ENDING SALARY:** |

**RESPONSIBILITIES:**

**REASON FOR LEAVING:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PREVIOUS EMPLOYER:** | **FROM:** (MM/YYYY) | **TO:** (MM/YYYY) | **SUPERVISOR NAME/TITLE:** |
| **ADDRESS:** (No. Street) (City, State, Zip)  **PHONE #:** ( ) |  | | **POSITION HELD:** |
| **ENDING SALARY:** |

**RESPONSIBILITIES:**

**REASON FOR LEAVING:**

**LIST ANY SPECIAL TRAINING (INCLUDING USE OF MEDICAL EQUIPMENT/COMPUTER SKILLS), CERTIFICATES, LICENSES AND OTHER SKILLS WHICH**

**YOU HAVE RECEIVED, WHICH RELATE TO THE POSITION YOU ARE APPLYING FOR:**

**PROVIDE ANY OTHER INFORMATION THAT YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT:**

**EDUCATION AND TRAINING:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME & ADDRESS:** | **COURSE OF STUDY** | **DIPLOMA/DEGREE AWARDED** | **YEAR GRADUATED** |
| **HIGH SCHOOL** |  |  |  |
| **COLLEGE** |  |  |  |
| **TRADE/BUSINESS SCHOOL** |  |  |  |
|  |  |  |  |

**REFERENCES:**

List three persons not related to you whom you have known for at least three (3) years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **COMPANY NAME/ADDRESS** | **PHONE NUMBER** | **PROFESSIONAL RELATIONSHIP** | **YEARS KNOWN** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**EMERGENCY CONTACT:**

Person to be notified in case of accident or emergency:

|  |  |
| --- | --- |
| **NAME:** | **RELATIONSHIP:** |
| **ADDRESS:** |  |
| **HOME PHONE:** | **WORK PHONE:** |

**CELL PHONE:** **EMAIL:**

# APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

**Please read carefully before signing**

**INITIAL**

I understand that this application is considered current for six (6) months for the position specified on this application. If I wish to be considered for employment after this time period I must complete and submit a new application.

I certify that all statements (verbal and written) made on any and all material collected during the hiring process are true, complete and accurate, and I understand that misrepresentation or omission of facts called for in the employment application, resume, interview process or other application material may prohibit consideration for employment at Precious Care, and is cause for immediate termination if employed.

I understand that a comprehensive background investigation may be conducted as part of the employment process. I hereby

authorize any and all schools, former employers, references, and any others who have information about me to provide such information to Precious Care. I understand that all offers of employment are contingent upon Precious Care’s satisfaction with the results of the background investigation and reference checks.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Precious Care, such employment is “at-will.” **“**At-will**”** means that employment with Precious Care is for no specified duration and may be terminated by either Precious Care or myself at any time, with or without cause or notice.

In consideration for employment with Precious Care, if employed, I agree to comply with the rules, regulations, policies and procedures of Precious Care at all times and understand that such compliance is a condition of employment. I understand that due to the nature of Precious Care’s business, attendance and punctuality are considered essential requirements of work, and that poor attendance or tardiness may result in disciplinary action.

Precious Care is an equal opportunity employer and affords equal opportunity to all applicants for positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

*Thank you for expressing an interest in employment with Precious Care.*

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

Print Name Signature Date

**FOR OFFICE USE**

# VOLUNTARY SELF-IDENTIFICATION FORM

Government agencies may require reporting on the status of applicants. This data will not be used in the selection process and will be kept confidential (separate from the application form). Submission of such data is voluntary; choosing not to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Name: Date:

Gender: Male Female

Position Applied For:

**Please select one of the following Equal Employment Opportunity Identification Group:**

**American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Hispanic or Latino (White race only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

**Hispanic or Latino (all other races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

**For Human Resources: Race missing or unknown** - Applies to applicants only when a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

**Veteran:** Yes No