**APPLICATION FOR EMPLOYMENT**

Instructions: Print clearly in black or blue ink. Answer all questions, then sign and date.

**Personal Information**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address​​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code ​ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number​ (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to / worked for One Loving Heart In-Home Care or LT Investment Corporation DBA Emerald Hills Care Home? [ ] Y or [ ] N

If yes, please explain (include date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for One Loving Heart In-Home Care or Emerald Hills Care Home? [ ] Y or [ ] N

If yes, state name & relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you over the age of 18? [ ] Y or [ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ] Y or [ ] N

Have you been convicted of or pleaded no contest to a felony within the last five years?

[ ] Y or [ ] N. If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position and Availability**

Position Applying For: (check one) Personal Care Assistant (PCA), Home Health Aide (HHA), Certified Nurse Assistants (CNA), Administrative Assistant (AA)

Salary Desired: $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you applying for:**

* Temporary work – such as summer or holiday work? [ ] Y or [ ] N
* Regular part-time work? [ ] Y or [ ] N
* Regular full-time work? [ ] Y or [ ] N

**Days/Hours Available:**

|  |  |
| --- | --- |
| **Days** | **Hours Available** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

If hired, on what date can you start working? \_\_\_ / \_\_\_ / \_\_\_

Can you work overnights? [ ] Y or [ ] N

Are you available to work overtime? [ ] Y or [ ] N

If hired, would you have transportation to/from work? [ ] Y or [ ] N

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? [ ] Y or [ ] N

If no, describe the functions that cannot be performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education, Training and Experience**

**High School:**

|  |  |
| --- | --- |
| School Name: |  |
| School Address: |  |
| Number of years completed: |  |
| Did you Graduate? | [ ] Y [ ] N |

**College / University:**

|  |  |
| --- | --- |
| School Name: |  |
| School Address: |  |
| Number of years completed: |  |
| Did you Graduate? | [ ] Y [ ] N |
| Degree/Diploma earned: |  |

**Vocational School:**

|  |  |
| --- | --- |
| School Name: |  |
| School Address: |  |
| Number of years completed: |  |
| Did you Graduate? | [ ] Y [ ] N |
| Degree/Certificate: |  |

**Other Skills and Qualifications: Licenses, Skills, Training, Awards**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak, write or understand any foreign languages? [ ] Y or [ ] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

You should be prepared to detail each position for the past five years, and account for any gaps in employment during that period.

Are you currently employed? [ ] Y or [ ] N

If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

|  |  |
| --- | --- |
| Name of Employer: |  |
| Name of Supervisor: |  |
| Address: |  |
| Telephone Number: |  |
| Length of Employment (Dates): |  |
| Position & Duties: |  |
| Reason for Leaving: |  |

**Previous Positions:​​​**

Include for each employer/position for the past five years

|  |  |
| --- | --- |
| Name of Employer: |  |
| Name of Supervisor: |  |
| Address: |  |
| Telephone Number: |  |
| Length of Employment (Dates) |  |
| Position & Duties: |  |
| Reason for Leaving: |  |
| May we contact this employer for references? | [ ] Y [ ] N |

|  |  |
| --- | --- |
| Name of Employer: |  |
| Name of Supervisor: |  |
| Address: |  |
| Telephone Number: |  |
| Length of Employment (Dates): |  |
| Position & Duties: |  |
| Reason for Leaving: |  |
| May we contact this employer for references? | [ ] Y [ ] N |

**References**

List below three persons who have knowledge of your work performance within the last four years.

Please include professional references only.

|  |  |
| --- | --- |
| Name – First, Last: |  |
| Address: |  |
| Telephone Number: |  |
| Occupation: |  |
| Number of Years Acquainted: |  |
| Position & Duties: |  |

|  |  |
| --- | --- |
| Name – First, Last: |  |
| Address: |  |
| Telephone Number: |  |
| Occupation: |  |
| Number of Years Acquainted: |  |
| Position & Duties: |  |

|  |  |
| --- | --- |
| Name – First, Last: |  |
| Address: |  |
| Telephone Number: |  |
| Occupation: |  |
| Number of Years Acquainted: |  |
| Position & Duties: |  |

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING .**

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE.

I have read, understand, and by my signature consent to these statements.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Rev. 6/23/20)