

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. (____) _____

ARE YOU 18 YEARS OR OLDER? YES ____ NO ____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES ____ NO ____

EMPLOYMENT DESIRED

REFERRED BY _____

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

CERTIFICATIONS (CPR, 1ST AID, ETC) _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC) _____
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

ARE YOU A LICENSED DRIVER? YES ____ NO ____ DRIVER'S LICENSE NO. _____ STATE OF LICENSE _____

HAVE YOU EVER BEEN CHARGED WITH OR ARRESTED FOR ANY CRIMINAL OFFENSE OTHER THAN A MINOR MOTOR VEHICLE VIOLATION? INCLUDES OFFENSES WHICH HAVE BEEN DISMISSED, DISCHARGED, OR NOLLE PROSEQUI. (ALL ARRESTS AND CHARGES MUST BE DISCLOSED AND EXPLAINED ON AN ATTACHED SHEET.) YES ____ NO ____

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? (IF YES, EXPLAINED ON AN ATTACHED SHEET.) YES ____ NO ____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

PHOEBE CARE RESIDENTIAL SERVICES LLC

APPLICATION FOR EMPLOYMENT

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).				
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF TWO EMPLOYERS AND 1 PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEASE ONE YEAR			
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF
EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO. RELATIONSHIP

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM YOUR OBTAINING THIS INFORMATION.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE	
INTERVIEWED BY _____	DATE _____
REMARKS _____	
NEATNESS _____	ABILITY _____
HIRED: YES ____ NO ____	POSITION _____ PROGRAM _____
SALARY/WAGE _____ DATE REPORTING TO WORK _____	
APPROVED BY CEO _____	DATE _____
OTHER COMMENTS:	