

- DOWNLOAD PDF DOCUMENT TO YOUR DESKTOP BY RIGHT-CLICKING AND SELECTING "SAVE AS..." OR THE CLICKING THE "SAVE DISK ICON" IN THE BOTTOM RIGHT CORNER.
- COMPLETE FORM WITH ADOBE READER OR ACROBAT.
- ONCE COMPLETED SUBMIT FORM VIA EMAIL TO CSnyder@CaringPlace.care

Employment Application

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

PLEASE PRINT CLEARLY

Position(s) Applied For:			Date of Application:		
How did you learn about the company? (<i>circle one</i>)					
Advertisement	Friend	Walk-in	Recruiting Firm	Current Employee	Other:
Last Name		First Name		Middle Name	
Address	Street	City	State	Zip Code	
Telephone number(s) where we can contact you:					
Home: ()			Work: ()		

Are you available to work (*circle*): Regular, Full-time Regular, Part-time Temporary

Which shift are you available to work (*circle*)? 1st Shift 2nd Shift 3rd Shift

On what date would you be available to begin working? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever submitted an application with the company before? Yes No
 If yes, please give date: _____

Have you ever been employed with the company before? Yes No
 If yes, please give date: _____

Are you currently employed? Yes No

May we contact your authorized present employer for references? Yes No

Are you legally qualified to work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

In order to permit a check of your work and education records, please indicate any and all other names you have used in the past: _____

Have you ever been convicted (including guilty plea or *nolo contendere* plea) of a crime other than a summary offense?
 Yes No
 If yes, please explain: _____

If you are applying for a position that requires a license, is your license currently in active status? Yes No
 If no, please explain: _____

Have you ever been excluded or debarred from any federal health care program or defaulted on a health education loan or scholarship? Yes No
 If yes, please explain: _____

EDUCATION

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree		Yes No	Yes No	Yes No	
Major Course(s) of Study					
Summarize special skills and training not listed above:					
Describe honors received:					
Professional Licenses and Certificates	Type:	State Issued:	Date Issued:	Expires On:	Number:
List professional, trade, business, or civil activities and offices held. You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status.					

REFERENCES

Give names, addresses, and telephone numbers of three business references who are not related to you.

1. _____

2. _____

3. _____

PRIOR WORK EXPERIENCE (*THIS SECTION MUST BE COMPLETED EVEN IF SUBMITTING A RESUME*)

1. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Annual Salary or Hourly Rate		
Job Title	Start	Final	
Supervisor's Name	\$	\$	
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Annual Salary or Hourly Rate		
Job Title	Start	Final	
Supervisor's Name	\$	\$	
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Annual Salary or Hourly Rate		
Job Title	Start	Final	
Supervisor's Name	\$	\$	
Reason for Leaving			
4. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Annual Salary or Hourly Rate		
Job Title	Start	Final	
Supervisor's Name	\$	\$	
Reason for Leaving			

****If you need additional space, please continue on the back of this employment application****

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job-related training? Yes No

If yes, please describe and give date: _____

Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes No

State any additional information you feel may be helpful to us in considering your application.

PLEASE READ BEFORE SIGNING

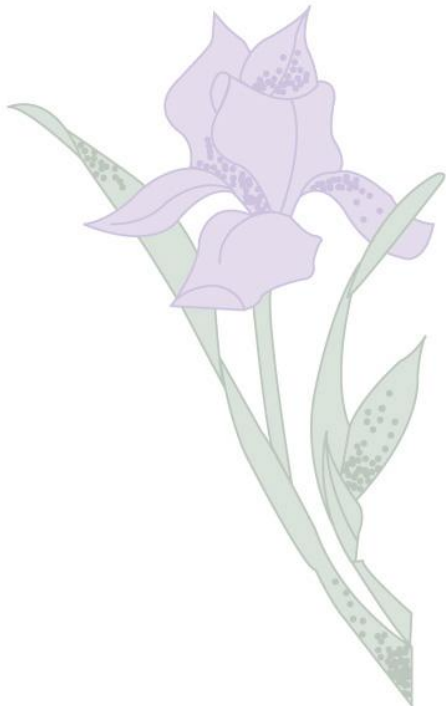
I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false, incomplete or misleading information given in my application or interview(s) may result in denial of employment, or if employed, immediate discharge from employment. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date



The
Caring
Place