

CONNECTIONS IN HOME CARE, LLC

Caregiver Employment Application



It is the agency's policy to offer equal employment opportunities to each employee and applicant alike without regard to age, race, color, creed, sex, religion, ancestry, disability, or medical condition, marital status, national origin, veteran or military status, sexual orientation, or political affiliation.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Conditions of employment are stated at the end of this application. Please read them carefully prior to signing the application.

Application must be completed in full even if you are attaching a resume.

Applicant Information			
Last Name	First Name	M.I.	Date
Street Address			Apartment/Unit #
City	State	Zip	
Phone	Email Address		
Position Applied For			
Date Available	Desired Hourly Rate \$	Are you over 18 years old? YES _____ NO _____	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES _____ NO _____			
Are you legally eligible for employment in the United States? YES _____ NO _____ (Proof of identity and eligibility will be required upon employment)			
Have you ever been convicted of a felony? YES _____ NO _____		If yes, explain.	
Have you ever worked for this company? YES _____ NO _____		If so, when?	
Do you expect to be employed elsewhere in addition to Connections? YES _____ NO _____			

Education			
High School		City, State	
Did you graduate? YES _____ NO _____			Degree
College		City, State	
From	To	Did you graduate? YES _____ NO _____	Degree
Other		City, State	
From	To	Did you graduate? YES _____ NO _____	Degree

References	
<i>Please list three professional or supervisory references.</i>	
Full Name	Relationship
Company	Phone
Email Address	
Full Name	Relationship
Company	Phone
Email Address	
Full Name	Relationship
Company	Phone
Email Address	

Previous Employment		
Company	Phone Number	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
From	To	Reason For Leaving
Responsibilities		
May we contact your previous supervisor for a reference? YES _____ NO _____		
Company	Phone Number	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
From	To	Reason For Leaving
Responsibilities		
May we contact your previous supervisor for a reference? YES _____ NO _____		
Company	Phone Number	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
From	To	Reason For Leaving
Responsibilities		
May we contact your previous supervisor for a reference? YES _____ NO _____		

Certifications/Licenses	
Type of Certification/License:	
Certification/License Number:	Expiration Date:
Type of Certification/License:	
Certification/License Number:	Expiration Date:
Type of Certification/License:	
Certification/License Number:	Expiration Date:
Specialized Skills:	

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in the denial or immediate termination of employment.

Questions regarding this statement should be directed to the person conducting the interview before signing this application. The application will be given every consideration, but its receipt does not imply that the applicant will be offered employment.

I also authorize the companies, schools, or persons named in this application to provide any information requested regarding my employment, character, and qualifications and hereby release said companies, schools, or persons from all liability for issuing this information.

If hired, I agree to abide by all agency rules, policies, and procedures, and understand that if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. The at-will term of my employment can be modified only in writing by the Director or Assigned Designee. I also understand that no person is authorized to enter into any employment contracts on behalf of the agency unless in writing and signed by the Director or Assigned Designee.

I understand that the taking of drug and/or alcohol tests are conditions of employment and refusal to take such tests when asked will subject me to termination. I also understand that I may be required to obtain the required fingerprint clearance card as a condition of employment. Further, I understand that a 50 state background check will be performed as a condition of employment.

Signature of Applicant

Date