



CarePro Home Care Services
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

This application cannot be accepted unless **both sides** have been completed **and** it is **signed and dated** by the applicant.

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MI)				SOCIAL SECURITY NUMBER		
PRESENT ADDRESS		APT. NO.	CITY		STATE	ZIP
PERMANENT ADDRESS		APT. NO.	CITY		STATE	ZIP
ARE YOU 18 YEARS OF AGE OR OLDER?	THE AGENCY REQUIRES YOU TO MAINTAIN A TELEPHONE AT YOUR RESIDENCE.			OTHER MEANS OF CONTACT		
	HOME PHONE NUMBER	MOBILE PHONE	PAGER NUMBER			

DESIRED EMPLOYMENT

POSITION YOU ARE APPLYING FOR		DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED?		IF "YES," MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?	
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
WHO REFERRED YOU TO THIS COMPANY?			

EDUCATION

SCHOOL LEVEL	NAME AND ADDRESS OF SCHOOL	#. YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE OR OTHER SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING/SKILLS
LICENSES OR CERTIFICATIONS (include numbers)
AWARDS/RECOGNITION
COMMUNITY/CIVIC INVOLVEMENT

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE/RANK
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CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF "YES," WHEN? _____ IF "YES," EXPLAIN BELOW (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

WORK HISTORY

 COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME. LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

 GIVE THE NAMES OF TWO PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	COMPLETE ADDRESS AND PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION: 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 (INCLUDING INFORMATION ON THE EXISTENCE OF ANY CRIMINAL RECORDS AS WELL AS THE REFERENCES AND EMPLOYERS LISTED ABOVE) TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I RELEASE BOTH THE BUSINESS/PERSON GIVING THE INFORMATION AND THE BUSINESS/PERSON RECEIVING THE INFORMATION FROM ANY AND ALL LIABILITY FOR

ANY DAMAGE THAT MAY RESULT FOR UTILIZATION OF SUCH INFORMATION, INCLUDING FAILURE TO SECURE EMPLOYMENT DUE TO AN UNSATISFACTORY REFERENCE.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

APPLICANT'S SIGNATURE

DATE