

# Application For Employment



We are an Equal Opportunity Employer and is committed to excellence through diversity.

## Personal Information

Name

Address

City

State

Zip

Phone Number

Mobile Number

Email Address

Are You A U.S. Citizen?

Yes

No

Have You Ever Been Convicted Of A Felony?

Yes

No

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes

No

Do you have a valid Driver's License?

Yes

No

Do you have valid Car Insurance in your name and can provide a copy?

Yes

No

## Position

Position You Are Applying For

RN

LPN

CNA

IN-HOME AIDE

OFFICE

Employment Desired

Full Time

Part Time

PRN

## In-Home Aide/CNA Requirements:

- Be at least 18 years of age;
- Be able to read, write and follow directions; and
- Have at least six (6) months paid experience as an agency homemaker, nurse aide, maid or household worker, or at least one (1) year of experience in caring for children or for sick or aged individuals'
- Have references to prove your experience;
- Valid Driver's License; and
- Valid Car Insurance.

Do you meet the required requirements for CNA/In-Home Aide?

Yes

No

## Education

School Name	Location	Years Attended	Degree Received	Major

## References

Name	Relationship	Company	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (5)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

May we contact your last employer?

Yes

No

Are you currently employed?

Yes

No

**TELL US ABOUT YOURSELF**

**How would you describe your work ethic?**

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**What are your strengths and weaknesses?**

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**Signature Disclaimer**

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 my release.

Name (Please Print)	Signature
Date	