



Employment Application

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

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name (Last, First, MI)

Social Security #

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you currently enrolled in school? If so, please provide school & address: Yes <input type="checkbox"/> No <input type="checkbox"/>		
What shift slots are you able to work?				<input type="checkbox"/>
3PM-11PM <input type="checkbox"/>	11PM-8:30AM <input type="checkbox"/>	12-10:30PM <input type="checkbox"/>	OTHER <input type="checkbox"/> _____	Work w/ total care

Position

Position You Are Applying For	Available Start Date	Total weekly hours available	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN			

Education

School Name	Location	Years Attended	Degree Received	Major

References (Not former employers whom we may contact)

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate	Supervisor
Address	City	State	Zip

Reason for leaving:

Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate	Supervisor
Address	City	State	Zip

Reason for leaving:

Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate	Ending Pay Rate
Address	City	State	Zip

Reason for leaving:

Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate	Supervisor
Address	City	State	Zip

Reason for leaving:

Employer (5)	Job Title		Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate	Supervisor
Address	City	State	Zip

Reason for leaving:

Training/Certifications (Please be able to provide actual certificate if listing below) *Not expired

Adult First Aid/CPR	Date Taken:	Date Expires:	<input type="checkbox"/> Do not have
32 Hour Medication Management	Date Taken:	Date Expires:	<input type="checkbox"/> Do not have
Behavioral Management TOVA	Date Taken:	Date Expires:	<input type="checkbox"/> Do not have

BACKGROUND HISTORY

Have you ever been convicted of a Felony? IF so, please list date, charge and disposition below:

Have you ever been convicted of a misdemeanor? If so, please list date, charge and disposition below:

Please list all traffic tickets and accidents below:

Signature Disclaimer

I certify that my answers/responses/information provided in this employment application are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application, including a criminal background and credit history check. If this application leads to employment, I understand that any false or misleading information in my application or interview may result in immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with We Care Residential, INC, any employment relationship with We Care Residential INC is considered "employment at will". This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause and with or without advance notice.

I authorize any person, school, current employer, past employers and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Name (Please Print)	Signature
Date	