

Application For Employment

Comfort Care Medicare, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, or veteran status.



Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You Eligible to work in the USA? Yes No		Are you over 18 years old? Yes No		
Are you presently employed? Yes No		If yes, may we contact your current employer? Yes No		

Position

Position You Are Applying For	Available Start Date	Desired Pay	
Employment Desired	Full Time	Part Time	Seasonal/Temporary

How did you hear about this opening? Referral by current employee? (specify)

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Comfort Care Medicare, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Comfort Care Medicare, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies and procedures of Comfort Care Medicare, Inc. However, I further understand that neither the policies/procedures of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Comfort Care may terminate my employment at any time with or without notice or cause.

Name (Please Print)	Signature
Date	



Consent to Background and Reference Check

I authorize a representative from Comfort Care Medicare, Inc. to obtain information about me from my current and previous employers and personal references to disclose to Comfort Care any such information as requested.

Applicant Name (Printed): _____

Applicant Signature: _____

Date: _____