AT YOUR PLACE
Companion Care

PO Box 213
Bethania, NC 27010
336-377-2062

Application for Employment

Personal Information

Name (Last Name First)	Social Security Number

Home Address	Date of Birth

Phone Number	Referred By

Employment Desired

Position	Salary Desired	Date You Can Start	Days Available

Shift Available	Number of Hours / Week	Currently Employed?	May We Inquire of Present Employer?

Education

	Name and Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade or Business				

Former Employers

(list below your last four employers, starting with the most recent one first)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

State in your own words the reason you believe you would be an asset to our company:

List Special Training / Skills:

References

List three persons not related to you, whom you have known at least one year:

Name	Address and Phone Number	Years Known

Authorization:

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

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related information that may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with this application.

In the event that I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature_____ **Date**_____

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