

1ST CHOICE IN HOME CARE SERVICES

APPLICATION FOR EMPLOYMENT

NAME (LAST NAME, FIRST)		SOCIAL SECURITY NUMBER		PHONE
PHYSICAL ADDRESS	APT. NO.	CITY	STATE	ZIP
MAILING ADDRESS (if different from above)	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO	EMAIL			PROFESSIONAL LICENSE NUMBER <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS SO MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> FRIEND <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER		

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYER

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	

STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Have you been convicted of any criminal conviction, findings of guilt, pleas of guilty, and pleas of nolo contendere, except minor traffic violations? YES NO If yes, you must disclose all criminal convictions. Please explain below.

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Please list any names & social security numbers you have used.

1.
2.
3.

REFERENCES

Below give the names of 3 persons you are not related to whom you have known at least 1 year.

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1.			
2.			
3.			

SERVICES RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK
1.		
2.		
3.		

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 AND 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 AND RELEASE 1ST CHOICE IN HOME CARE SERVICES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I CONSENT TO A PRE-EMPLOYMENT CRIMINAL RECORD CHECK.

I CONSENT TO A CLOSED RECORDS CHECK PURSUANT TO SECTION 610.120, RSMO.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF 1ST CHOICE IN HOME CARE SERVICES 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.

Signature

Date