

# APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Are you over 18? \_\_\_\_\_ Date of birth: \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse: \_\_\_\_\_ Have you ever been convicted of a crime in this or any other state? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Reliable car: \_\_\_\_\_ Car Insurance: \_\_\_\_\_

## Employment Desired

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Currently Employed? \_\_\_\_\_ May we contact current employer? \_\_\_\_\_

Referred By? \_\_\_\_\_

## Availability

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Comments
AM	_____	_____	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____	_____	_____

Does your availability change from week to week \_\_\_\_\_ If yes: \_\_\_\_\_

Education	Name/Address	Years Attended	Graduate	Major
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High School \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_

College \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_

Other \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_

US Military Service Branch \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank Achieved: \_\_\_\_\_

MOS/Specialty \_\_\_\_\_ Reserve/Guard Status \_\_\_\_\_

List additional qualifications, training, seminars, and volunteering related to desired position:

\_\_\_\_\_  
\_\_\_\_\_

**Former Employment (List last four employers, starting with the most current)**

Month/Year	Employer Name & Address	Position Held	Salary	Reason for Leaving
1.) _____ to _____	_____	_____	____/____	_____
2.) _____ to _____	_____	_____	____/____	_____
3.) _____ to _____	_____	_____	____/____	_____
4.) _____ to _____	_____	_____	____/____	_____

May we contact your present employer? \_\_\_\_\_ Former employers? \_\_\_\_\_

Which of the above jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**References (Give names of persons NOT related to you, whom you have known at least one year)**

Name	Phone Number	Business	Years Known
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____
4.) _____	_____	_____	_____

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.**

\_\_\_\_\_  
(Signature of Applicant) Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date of Hire \_\_\_\_\_ Starting Rate \_\_\_\_\_/Hr

Comments: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Comfort Care Medicare, Inc.)

**Comfort Care Medicare, Inc  
4027 Glass Road NE  
Cedar Rapids, IA 52402**

**Consent to Background and Reference Check**

**I authorize \_\_\_\_\_, a representative of**

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

**Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Employment Reference  
Comfort Care Medicare, Inc  
4027 Glass Road  
Cedar Rapids, IA 52402

“Because we cherish your life”

TO: \_\_\_\_\_ (company name)

\_\_\_\_\_ (address/telephone#)

\_\_\_\_\_

Attention: \_\_\_\_\_ (contact person)

\_\_\_\_\_  
(Your Last Name)

(First Name)

(Middle Name)

(Other Names Used)

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

SS#: \_\_\_\_\_

\_\_\_\_\_ authorizes the named employer to furnish comfort  
(applicant name)

Care Medicare with the information requested on this form. The applicant gives Comfort Care the right to make a thorough investigation of past employment and activities, agrees to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying information.

Position applied for at Comfort Care Medicare: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

*(Please see reverse side and complete the blanks that apply to this applicant and return. The information requested will be kept in strict confidence.)*

## Job Reference

Position Title: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

**Please check the spaces which best describe the applicant:**

	Above Average	Average	Below Average	Unsatis- factory
Quality of work	_____	_____	_____	_____
Quantity of work	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Works well w/others	_____	_____	_____	_____
Appearance	_____	_____	_____	_____

Do you have any remarks regarding the applicant's stability, honesty or integrity? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did the applicant leave your employment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this applicant eligible for rehire? \_\_\_\_\_ If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_