



# APPLICATION OF EMPLOYMENT

Date:

*Integrity Caregiving, Inc. is an Equal Opportunity and EEO/Affirmative Action Employer committed to excellence through diversity.*

PLEASE PRINT IN BLUE OR BLACK INK.

Complete all questions and sections (if applicable) or your application will be deemed incomplete and may not be considered. You may attach your resume for review but all sections of the application must still be completed.

## GENERAL INFORMATION

Position(s) of Interest:	Applicant First Name:	M.I.:	Applicant Last Name:
How did you hear about us?	Other names under which you attended school or were employed with:		
Street Address:		City, State, Zip	
Driver License Number:	Applicant Contact Number:	Applicant Email Address:	
Emergency Contact Name:	Emergency number:	Relationship:	
Are you eligible to work in the United States?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:		
Do you currently know any employee at this company?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide name & relationship?		
Do you authorize us to contact the state and obtain background history, in accordance with local law/regulations?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.		
If hired, can you present a record of a TB screening?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.		
Are you a Registered Home Care Aide?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide 10-digit ID number:		
Are you able to perform the essential functions of the position(s) for which you have applied? (Read job description)  Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.		

## GENERAL QUESTIONS

Willing to walk or stand up to 6 to 8 hours per shift? Yes  No

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Willing to walk up & down, 3 flight of stairs for 6 to 8 hours per shift? Yes  No

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Willing to bend, reach, and twist for 6 to 8 hours per shift? Yes  No

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Holidays are mandatory work schedule days for our company. Are you willing to work Holidays? Yes  No

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Type of Job interested in?  Full-Time  Part Time  Temporary  On- Call

## Shifts you are available to work: *Write Yes or No on the shifts you are available to work:*

Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Am Shift: 6:00 am to 2:00 pm</b>							
<b>Pm Shift: 2:00 pm to 10:00 pm</b>							
<b>NOC Shift: 10:00 pm to 6:00 am</b>							

**EMPLOYMENT HISTORY** *(Begin with most recent employer. May Include Internships & Clinical work. Leave no gaps in dates.)*

Start Date	End Date	Company Name Company Address	Supervisor Info:	Responsibilities / Duties	Reason for Leaving	Can we contact this employer?
			Supervisor Name:			YES, or NO
			Supervisor Number:			
			Supervisor Name:			YES, or NO
			Supervisor Number			
			Supervisor Name:			YES, or NO
			Supervisor Number			
			Supervisor Name:			YES, or NO
			Supervisor Number:			

**PROFESSIONAL REFERENCES** *(Please list three (3) professional references who are familiar with you personally or familiar with your work performance. Other than the ones listed in Employment History. )*

Name of Reference (First Name & Last Name)	Type of Professional Relationship	YRS of Relation	Contact Number	Email address

**EDUCATION** *(Begin with most recent education)*

School Name	City & State	Major	Name of Certificate or Degree Completed	Still attending?

“This application will be considered as current for a period of 90 days after it is filed. If you wish to be considered for employment after that period, you must renew your application via email.”

Please email your application to [Admin@integritycaregivinginc.com](mailto:Admin@integritycaregivinginc.com)

By submitting this application for employment, I certify that all answers given by me are true, accurate and complete and I authorize investigation of all statements contained herein, and I understand and agree that the falsification, misrepresentation or omission of fact(s) on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. This application is not an offer of employment or contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_