

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Name (last name first)		
Date:	Social Security Number:	
Street Address		
City	State	ZIP
Phone #	Secondary Phone #	
Emergency Contact		
Name	Phone	
Address	Relationship	
I am applying for a position as a		
Are you available to work in Muskogee area? 🗌 Y 🛛 🗌 N		
Are you available to work in Tulsa area? 🛛 Y 🗌 N		
Have you ever been convicted of a felony?		
☐yes ☐no If yes, please provide details		
Transportation:		
Do you have a dependable form of transportation?	Make and model of car	

□yes□ no		
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

Availability				
Number of hours weekly you would like to work	Times/days available to work	Times <i>not</i> available to work	Are you available to work on short notice if needed?	
Comments				

Education		
High school	City/State	Years attended:
		Did you graduate: 🗌 Y 🗌 N
College	City/State	Years attended:
		Major:
Trade, Business or Other Schools	City/State	Years attended:
		Field of study :
Degrees/certificates		
Special training or skills		

Experience

Describe any experience you have had working with the elderly:

Skills Have you had expe	rience helping the elde	erly with the following] :		
Companionship	□ Y □ N	Vacuuming/ mopping	□ Y □ N	Laundry	
Bathing/dressing	□Y □N	Dusting	□ Y □ N	Meal planning/ shopping lists	DY DN
Grooming	□Y □N	Cleaning bathrooms	□ Y □ N	Cooking	DY DN
Incontinence	□Y □N	Cleaning kitchen	□ Y □ N	Driving/running errands	DY DN
Transfers to bed/chairs	□Y □N	Changing bed linens	□ Y □ N	Medication reminders	DY DN

Employment History:

Are you employed now?	If so, may we contact your present employer? \Box Y \Box N		
Company	From To		
Position	Reason left		
Duties			
Supervisor	Phone		

Company	From	То
Position	Reason left	
Duties		
Supervisor	Phone	

Company	From	То
Position	Reason left	
Duties		
Supervisor	Phone	

Company	From	То
Position	Reason left	
Duties		
Supervisor	Phone	

Personal References			
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #

AUTHORIZATION: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date

Office Use Only -Interview Notes