

Applicant Information

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Home Phone		Cell Phone		
E-mail address				
Position Applied for			How did you hear about us?	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Education

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Certificate/License				
Expiration date				

References

Please list three references other than relatives or employers.

Full Name	Relationship		
Home Phone ()	Cell Phone ()		
Address		City	State
Full Name	Relationship		
Home Phone ()	Cell Phone ()		
Address		City	State
Full Name	Relationship		
Home Phone ()	Cell Phone ()		
Address		City	State

Previous Employment

Beginning with **current** or most recent employer

Company		Phone ()	
Address/City/State		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address/City/State		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address/City/State		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Availability

Work availability: Full Time Part Time Days Nights Weekends Live-in

Will you work with clients who...

Smoke Have Dogs Have Cats Other pets Are Male Are Female

Have you had experience with...

Alzheimer's Parkinson's Strokes Diabetes Hospice Walkers Wheelchairs

Driving Ability

Are you a Licensed Driver		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drivers License Number	
Class	State	Date of Issue		Expiration Date	
Have you had your driver's license suspended or revoked at any time in the last 3 years				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain					
Have you had a moving violation or accident in the past three years				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain					
Do you have a car		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year	Make
Are you willing to drive a client's vehicle		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you willing to run errands in your vehicle	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Do you have insurance on your vehicle		Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Background History

Have you ever been convicted of a misdemeanor or a felony?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain					
Year	State	Were you 18 years of age or older at the time		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been subject to a complaint of child and/or adult physical abuse, sexual abuse or neglect				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain					
What was the outcome of the complaint					
Year	State	What agency investigated			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applicant Authorization

Read carefully and sign that you understand and accept this information.

I certify that the facts contain in this application are true and complete to the best of my knowledge. I authorize **Living Life Home Care** to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.

I understand and acknowledge that any employment relationship with **Living Life Home Care** is "at will"; meaning that I may resign at any time or **Living Life Home Care** may discharge me at any time for any or no reason, other than a reason prohibited by law.

I understand that if I am employed by **Living Life Home Care** any falsified statement(s) on this application or my interview shall be grounds for dismissal.

Applicant signature _____ Date _____