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| FamilyBestCareLogo.gif | Application for Employment |

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| Applicant Information |
| Last Name |  | First |  | M.I. | Birth Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Security No. |  | Desired Salary |  |
| Position Applied for |  |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| Have you ever worked for this company? | YES [ ]  | NO [ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |  |
|  |
| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
|  |
| References |
| Please list two professional references. |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |

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| --- |
| Previous Employment |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
|  |
| Disclaimer and Signature |
| 1. I certify that all information given by me on this application and attached resume (if applicable) is true, complete and correct to the best of my knowledge. I understand that if I am employed, discovery that I gave false or misleading information during the application process may result in immediate dismissal.
2. I authorize Family Best Care, LLC here to solicit information regarding my character, general reputation, criminal history, previous employment, education, military service, and similar background information, and to contact any and all references I have given on my application and resume. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release Family Best Care, LLC from any liability for future references it may provide regarding my work history with Family Best Care, LLC.
3. I understand that upon my approval to submit my resume and/or upon my interview with a client of Family Best Care, LLC that I am obligated not to accept direct or indirect employment with that client for a period of two Years (2), unless I have received written consent from Family Best Care, LLCI further acknowledge that during an assignment or following the completion of an assignment with a client of Family Best Care, LLC that I may not accept direct or indirect employment for a period of two (2) Years unless I have received written consent from Family Best Care, LLC
4. I understand and agree to allow Family Best Care, LLC to release the Employment History section to clients upon request.
5. I understand all information, which I obtain through the application or employment process, pertaining to Family Best Care, LLC and/or clients to whom I have been referred by Family Best Care, LLC, is confidential and shall not be disclosed at any time.
6. I understand that Family Best Care, LLC is an “at-will” employer. I understand that my employment can be terminated with or without cause, and with or without notice at any time, at the option of Family Best Care, LLC or myself. I understand that no representative of Family Best Care, LLC other than the CEO or President, 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.

I hereby acknowledge that I have read and understand the preceding statements. |
| Signature |  | Date |  |