

**EMPLOYMENT / JOB APPLICATION**

# PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt/Suite

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

City State Zip Code

**E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **SOCIAL SECURITY NUMBER (SSN):** \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ **DATE AVAILABLE:**

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DESIRED PAY**: $\_\_\_\_\_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMPLOYMENT ELIGIBILITY

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?** ☐ YES ☐ NO

**HAVE YOU EVER WORKED FOR THIS COMPANY?** ☐ YES ☐ NO

**IF YES, WRITE THE START AND END DATES:**

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** ☐ YES ☐ NO

**IF YES, PLEASE EXPLAIN:**

**HOW MANY YEARS OF CAREGIVING EXPERIENCE DO YOU HAVE?**

**TYPES OF CLIENTS YOU HAVE WORKED WITH (DEMENTIA/ALZHEIMER’S, FEEDING TUBE/ASSISTANCE, POST SURGICAL, HOSPICE, GAIT BELT, HOYER LIFT, Etc.)**

**HOW MUCH WEIGHT CAN YOU LIFT?**

**WHEN ARE YOU AVAILABLE TO WORK (HOURS PER DAY/ WEEKENDS/ NIGHTS (specify for each day)**

**HOW DID YOU LEARN OF FAMILY BEST CARE?**

**HAVE YOU EVER APPLIED OR WORKED AT FAMILY BEST CARE?**

**IF YES, PROVIDE DATES:**

**DO YOU HAVE A VALID DRIVER’S LICENSE AND/OR STATE VEHICLE INSURANCE?**

**DO YOU HAVE RELIABLE TRANSPORTATION?**

**ARE YOU WILLING TO TRANSPORT CLIENTS IN YOUR VEHICLE OR THEIRS?**

# EDUCATION

**HIGH SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY / STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DIPLOMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLEGE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY / STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DEGREE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY / STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DEGREE/CERTIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE A COPY OF THE FOLLOWING:**

* CURRENT LICENSE (NAR, CAN or HOME HEALTH CARE AID)
* CURRENT CPR/ FIRST AID CARD
* SOCIAL SECURITY CARD
* ANY CE COURSES COMPLETED
* CURRENT TB TEST RESULTS (must have been done within the last year)
* CURRENT FOOD HANDLERS PERMIT
* COVID VACCINE CARD
* PASSPORT PHOTO
* DRIVER’S LICENSE
* OTHER CERTIFICATIONS (ex. Nurse delegation, 75 hours, diabetes special focus, e.t.c.)

# PREVIOUS EXPERIENCE

**EMPLOYER 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip Code

## STARTING PAY: $\_\_\_\_\_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: $\_\_\_\_\_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip Code

## STARTING PAY: $\_\_\_\_\_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: $\_\_\_\_\_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip Code

## STARTING PAY: $\_\_\_\_\_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: $\_\_\_\_\_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAY WE CONTACT YOUR PREVIOUS SUPERVISORS FOR A REFERENCE?**

# REFERENCES

(PROFESSIONAL ONLY)

**FULL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FULL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FULL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MILITARY SERVICE

## **ARE YOU A VETERAN?** ☐ YES ☐ NO

BRANCH**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?** ☐ 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, a 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 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, LLC 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 or to make any agreement contrary to the foregoing.

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

**SIGNATURE** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_