



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: _____

Family Best Care, LLC is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status, or any other basis prohibited by federal, state, or local law.

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: _____

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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: _____
Street Address Apt/Suite

_____ City State Zip Code

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STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

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: _____
Street Address Apt/Suite

City State Zip Code

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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: _____

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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

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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 _____ **DATE** _____

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