



EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to color, creed, religion, sex, national origin, marital or veteran status, the presence of non job related medical conditions or handicap, or any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question on this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

DATE OF APPLICATION: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Alternate Phone _____
 How long at present address? _____ Social Security # _____

Position applying for _____
 Expected wages/salary _____ Date available for work _____
 Employment referral source: newspaper website FirstCare employee phone book
 other: _____

Licensure # _____ State issued _____ Expiration date _____
 Certificate # _____ State issued _____ Expiration date _____
 Current CPR: Yes No Expiration date: _____

EDUCATION AND TRAINING

Name/Location School	Course of Study	No. Years Completed	Degree/ Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any other training, education, special skills, or certificates/licenses that you possess:

WORK HISTORY

Please list present and former employers beginning with the most recent:

Name/Address of Company _____	
Name of Supervisor _____	Last Salary _____
Describe Experience _____	

Dates of Employment _____	to _____
Reason for Leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name/Address of Company _____	
Name of Supervisor _____	Last Salary _____
Describe Experience _____	

Dates of Employment _____	to _____
Reason for Leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name/Address of Company _____	
Name of Supervisor _____	Last Salary _____
Describe Experience _____	

Dates of Employment _____	to _____
Reason for Leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a felony or misdemeanor? Yes No

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statement on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein (including reference and credit checks) and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from liability for any damage that may result from utilization of such information. If employed, I understand and agree that such employment may be terminated at any time without prior notice and that my employment will not be governed by any expressed or implied contract but is at will.

Applicant's Signature _____ Date _____

1st Interviewer _____ Date _____

2nd Interviewer _____ Date _____

**Please complete, sign and fax this application (along with your resume) to
Kim Doyle at 845-691-3641**