



APPLICATION FOR EMPLOYMENT
Pre-Employment Questionnaire
An Equal-Opportunity Employer

PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS

Our company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intent to comply fully with applicable Federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

PERSONAL INFORMATION

Date: _____

Name

Last

First

Middle

Present Address

Street

City/State/Zip

Permanent Address

Street

City/State/Zip

Phone Number () _____

Are you 18 years or older? Yes No

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes No

If no, do you have a green card? Yes No

Number _____

Have you ever been convicted of abuse, neglect or exploitation of the elderly? Yes No

Have you ever been convicted of a felony? Yes No

If so, explain _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Desired Salary \$ _____

Days Available _____ Hours Available _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Have you ever applied to this company before? Yes No When? _____

EDUCATION	Name & Location of School	No. of years attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

GENERAL

Subjects of special study or research work _____

Special skills _____

What foreign languages do you speak fluently? _____ Read _____ Write _____

Activities: (Civic, athletic, etc.) _____

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. Military or _____ Yrs of service? _____

Naval Service _____ Rank _____ Reason for leaving? _____

*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

FORMER EMPLOYERS (List below last three employers, starting with most recent first.)

Date	Name and Address of Employer	Phone	Salary	Position	Reason for Leaving
Month/ Year					
From					
To					
From					
To					
From					
To					

REFERENCES (Give the name of three persons not related to you, whom you have known at least one year.)

Name	Address	Phone	Business/Relationship	Years Acquainted
1				
2				
3				

Do you have any physical defects that preclude you from performing any work for which you are being considered?

Yes No

Give Details: _____

A. Have you ever been discharged or asked to resign from a job?

Yes No If yes, please explain circumstances: _____

B. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying?

Yes No If no, please explain: _____

C. SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences: _____

D. Can you, with or without reasonable accommodation, perform the essential functions of the job(s) for which you are applying?

Yes No If no, please explain: _____

E. Would you agree to have your photograph taken, after employment, if one is required?

Yes No If no, Please explain: _____

F. List any languages you may read, speak, or write that would be relevant to the position for which you are applying:

G. Have you ever been convicted of a crime? A conviction will not necessarily disqualify you from employment; however, failure to admit is cause for disqualification.

Yes No If yes, please explain fully. State the nature of the offense, date and location the offense took place: _____

EMERGENCY CONTACT INFORMATION <i>(IN CASE OF EMERGENCY OR ACCIDENT, PERSONS TO BE NOTIFIED)</i>	
Name	Phone:
Relationship:	
Address	
Name	Phone:
Relationship:	
Address	

APPLICANT'S ACKNOWLEDGMENT

- I declare that the information provided by me on this application, or any other documents filled out in connection with my employment is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered. The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within three (3) business days of beginning work every new hire must present to the employer documentation establishing his/her identify and authorization to work. This federal requirement must be satisfied as a condition of employment. I agree to notify the company immediately if I should be convicted of a felony, or any crime involving dishonesty, abuse or a breach of trust while my job application is pending, or during my period of employment, if hired.
- I freely and voluntarily authorize the investigation of all statements contained in this application (and accompanying resume, if any.) I also authorize the company to contact my present employer (unless otherwise noted in this application form,) past employers and listed references.

- I authorize any person, school, current employer (except as previously noted), past employer(s), and organization(s) named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.
- I understand that if my employment is terminated by the company for dishonesty, abuse, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.
- **I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS AT WILL NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I UNDERSTAND THAT NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.**
- I understand that applications for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests, take a driver's examination, pass a Level II background investigation; take a pre-employment drug test and I consent to the release to the company of any and all medical information, as may be deemed necessary by the company in judging my capability to do the work for which I am applying. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all tests, examinations or information. ***(If hired, you will be required to supply a statement from a licensed physician or advanced registered nurse practitioner dated within 45 days prior to employment stating that you are physically fit to perform the duties of the job and are free from TB in a communicable form.)***
- ***I further understand that abuse, neglect, or exploitation of the elderly is cause for immediate dismissal.***

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period; it is my responsibility to complete a new application if I still wish to be considered for employment.

Applicant's Signature

Date

**DO NOT WRITE ON THIS PAGE
 FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.		FOR POSITION:	
SALARY WAGES		WILL REPORT	
APPROVAL 1	SUPERVISOR	DATE	
APPROVAL 2	EXECUTIVE DIRECTOR	DATE	
COMMENTS:			