

# EMPLOYMENT APPLICATION



# AT YOUR SERVICE

IN HOME CARE FOR OLDER ADULTS

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment with At Your Service, Inc. This is not an employment contract. Please answer all appropriate questions completely and accurately. Omitting requested information or providing false or misleading statements on this form and/or during the interview are grounds for terminating the application process or, if discovered after employment begins, terminating your employment. All qualified applicants will receive consideration and be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other status protected under applicable law. Please also note that testing for the presence of illegal drug use is required prior to employment.

## PERSONAL INFORMATION

Today's Date: \_\_\_\_\_ Social Security \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Years \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Other Names Previously Used: \_\_\_\_\_

Driver License # \_\_\_\_\_ Expiration \_\_\_\_\_

Emergency Contact(s):

Name: \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Have you ever been employed here before? Yes / No If yes, when? \_\_\_\_\_

Are you able to perform the essential functions (able to lift 50 pounds, standing/bending for extended periods of time, etc.) of the job for which you are applying with or without a reasonable accommodation? Yes / No

## AVAILABILITY

***Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.***

What date are you available to begin work? \_\_\_\_\_ Please complete all areas of availability:

\_\_\_\_\_ Mornings \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings \_\_\_\_\_ Overnights \_\_\_\_\_ Weekends

Please indicate the days of the week as well as the earliest and latest times you are available for work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

From: \_\_\_\_\_

To: \_\_\_\_\_

Are you willing to provide service to a client with pets? Yes / No If yes, which ones: Cats \_\_\_\_\_ Dogs \_\_\_\_\_

Are you willing to provide service to a client who smokes? Yes / No

EDUCATION

School Type	Name	Major/Subject	Graduate/Degree	Year
High School				
Vocational/Tech				
College/Univ.				

WORK HISTORY

Your application will not be considered unless all questions in this section are answered.

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes / No      If yes, may we contact? Yes / No

Company Name/Location Phone (      )

Dates Employed: From      to      Job Title:      Supervisor:     

Duties:      Salary:     

Reason for Leaving:     

SECOND MOST RECENT EMPLOYER

Are you currently working for this employer? Yes / No      If yes, may we contact? Yes / No

Company Name/Location Phone (      )

Dates Employed: From      to      Job Title:      Supervisor:     

Duties:      Salary:     

Reason for Leaving:     

THIRD MOST RECENT EMPLOYER

Are you currently working for this employer? Yes / No      If yes, may we contact? Yes / No

Company Name/Location Phone (      )

Dates Employed: From      to      Job Title:      Supervisor:     

Duties:      Salary:     

Reason for Leaving:     

PROFESSIONAL REFERENCES

Name	Relationship	Phone	# of Years known
1)			
2)			
3)			

BACKGROUND

Have you had any moving traffic violations in the last 7 years? Yes / No      If yes, please explain:     

Have you ever been convicted of a crime?\* [Note: For purposes of this inquiry, “crime” includes a felony, misdemeanor or other offense, including dishonorable discharge from the military and/or any offense punishable by a fine or imprisonment.]

Yes / No      If yes, please describe:



\*A conviction will not operate as a disqualification to employment unless the circumstances of the offense are substantially related to the circumstances of the proposed employment. However, failure to disclose a conviction will result in disqualification from or termination of employment, regardless of when the omission is discovered.

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are true and complete to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information including, but not limited to, my criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies and law enforcement authorities from any liability related to the release of this information. I also understand that the use of illegal drugs is prohibited as a condition of my employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment.

**I FURTHER AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE COMPANY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT, AND HEREBY WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

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Applicant Signature

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Date