

Employment Application

Name _____ Position Applied For _____

Phone Number _____ Street Address _____

City _____ State _____ Zip Code _____

Are you legally eligible for employment in the U.S.? (If hired, you will required to furnish proof of your eligibility to work in the U.S.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied here before? If yes, when? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever employed here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____	
For Driving Jobs Only: Do you have a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had your driver's license suspended or revoked in the last 3 years? If yes, give details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for Caretaker through a staffing Agency? If so, when? _____ Agency Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked or attended school under any other names? If yes, give names _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	Yrs. Completed	Field of Study	Graduate or Degree
High School:			
College/University:			
Business/Technical:			
Other:			

References

Give three professional references, do not include relatives.

Name	Address	Phone Number

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WORK HISTORY

List names of employers in consecutive order with present or last employer listed first, Account for all periods of time, including military service and any periods of unemployment. If self-employed give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.	
Name of Employer	Job Titles and Duties
Address	Dates of Employment From:
City, State, Zip Code	To:
Supervisor (s) Phone Number	Reason For Leaving
Name of Employer	Job Titles and Duties
Address	Dates of Employment From:
City, State, Zip Code	To:
Supervisor (s) Phone Number	Reason For Leaving
Name of Employer	Job Titles and Duties
Address	Dates of Employment From:
City, State, Zip Code	To:
Supervisor (s) Phone Number	Reason For Leaving

List your skills related to position applying for: _____

Professional Licenses, Certifications, Registrations: _____

Additional Skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring the employer's attention: _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the President of the Organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the President and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

Applicant Signature: _____ Date: _____