

Application for Employment



General Information

Full name:			
Date of Birth			
Street Address:			
City, State, Zip Code			
Phone:			
Email:			
Are you seeking:	Full-time	Part-Time	PRN
Please List Any Skills:	<div></div> <div></div> <div></div>		

Work History

List names of previous employers starting with the most recent.

Name of Employer:	Job Title:
Address: _____ _____	Start Date: _____ End Date: _____
Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
Name of Employer:	Job Title:
Address: _____ _____	Start Date: _____ End Date: _____
Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
Name of Employer:	Job Title:
Address: _____ _____	Start Date: _____ End Date: _____
Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____

Have you ever been convicted of any law violation (excluding minor traffic violations)?Yes or No

If yes please explain:

(Answering "YES" does not automatically disqualify you from the job position. However, if you have been convicted of a felony, your application will be DENIED)

Application for Employment



Do you have a valid driver's license? Yes or No			
License Number:		State:	Class:
Has your license been suspended or revoked in the last 3 years? Yes or No			
If yes please explain:			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
How many hours per week are you willing to work: _____		Do you have reliable transportation: _____	
Please List the time you <u>ARE AVAILABLE</u>			

DAY OF THE WEEK	FROM	TO
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

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Reference 1	Name:		
Relation to Applicant		Title	
Phone Number		Email	
Reference 1	Name:		
Relation to Applicant		Title	
Phone Number		Email	
Reference 1	Name:		
Relation to Applicant		Title	
Phone Number		Email	

I, _____, authorize the referenced names listed above to release information about me to I AM CARED FOR!

Applicant Signature _____

Date ____/____/____

I, _____, certify that the information provided on this application is accurate to the best of my knowledge.

Applicant Signature _____

Date ____/____/____

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AUTHORIZATION FOR BACKGROUND CHECK

I, _____, hereby authorize I AM CARED FOR! to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying for. I understand that I AM CARED FOR! will utilize an outside source to assist in checking such information. I authorize an investigation to be performed by information services and outside sources of the company's choice. Your written authorization is necessary to proceed forward in the application process. After you have read this form, please sign in the space provided below to give authorization for a background check.

The following information is required by law enforcement agencies for accurately identifying an individual when checking public records. It is confidential and will not be used for any other purpose

Full Name	Social Security Number	Birth Date (month, day, year)

Street Address	City	State	Zip Code

*Please list any additional addresses where you have lived at within the last 10 years on a separate sheet of paper

Driver's License Number	State	Name as it appears on License

Signature of Applicant	Date