

Application for Employment

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request assistance. Answer all questions. Print or type neatly and accurately. If you need extra writing space, please use the back of this form. Attach supplements if necessary. All information will be regarded as confidential.

Equal Opportunity Policy: The policy of the corporation prohibits any employment practice which in any way discriminates or tends to discriminate against any person, employee or applicant for employment with respect to compensation, terms, conditions, or privileges of employment because of an individual's race, color, religion, national origin, marital status, sexual preference/orientation, eligibility for military service, sex, age, or disability as provided by law.

Application Information		
First Name	Middle Name	
Last Name	Email	
Home Phone	Daytime/Cell phone	
Address		
Address 2		
City	State	Zip
Are you 18 or older?	Are you a citizen of the US?	

Employment Desired		
Positions Applying For?		
What is your desired salary?		
Are you applying for:		
<input type="checkbox"/>	Regular full-time work?	
<input type="checkbox"/>	Regular part-time work?	
<input type="checkbox"/>	Temporary work, e.g. Summer or Holiday work?	
If applying for temporary work, during what period of time will you be available?		
<input type="text"/>	From:	<input type="text"/>
Are you available for work on nights and weekends?		
Would you be available to work overtime, if necessary?		
If hired, on what date can you start work?		
Have you ever worked for this company?		
<input type="checkbox"/>	If Yes, When?	
Do you have any friends or relatives working for Home Care Advantage?		
If hired, Do you have a valid drivers license?		
Do you have the legal right to work in the United States?		
(Note: Proof of identity and legal authority to work in the United State is a condition of employment.)		
Have you ever been convicted of a crime other than a traffic violation?		
(Note a conviction will not automatically disqualify you for employment. Each case will be individually considered based on specific facts.)		
If you answered Yes to the above, please state the nature of the crime, when and where convicted and the disposition of the case.		
<input style="width: 100%;" type="text"/>		
Are you currently employed?		
<input type="checkbox"/>	If so, may we contact your current employer?	

Education		
Highschool		
Address		
From	To	
Did you graduate?	Degree	
College		
Address		
From	To	
Did you graduate?	Degree	
Other		
Address		
From	To	
Did you graduate?	Degree	

References (Please list three professional references)	
Full Name	Relation
Company	Phone
Full Name	Relation
Company	Phone
Full Name	Relation
Company	Phone

Previous Employment		
Company	Phone	
Address	Supervisor	
Job Title	Starting \$	Ending \$
Responsibilities		
From	To	
Reason For Leaving?		
May we contact your previous supervisor for a reference?		
Company	Phone	
Address	Supervisor	
Job Title	Starting \$	Ending \$
Responsibilities		
From	To	
Reason For Leaving?		
May we contact your previous supervisor for a reference?		
Company	Phone	
Address	Supervisor	
Job Title	Starting \$	Ending \$
Responsibilities		
From	To	
Reason For Leaving?		
May we contact your previous supervisor for a reference?		

Military Service	
Branch	
From	To
Rank at Discharge	
Type of Discharge	
If other than honorable, explain	

Read Carefully:

The information contained in this application is correct and accurate to be best of my knowledge. I understand that employment is subject to verification of lawful age and legal right to work in the United States. I will submit such documents as may be necessary to verify the same.

I authorize (a) investigation of the information contained in this application, or other matters concerning my past employment or other activities, (b) the issuance of reports of other statements, which may be furnished or obtained concerning the same. I hereby release from liability all persons, companies or corporations supplying such information in obtaining the same. I hereby release any law enforcement agency, the various military services and / or their agents from liability of any kind for damages, which may result from furnishing my records.

I agree to use such personal protective equipment and devices as may be required by the corporation and to comply with safety rules and requirements.

I understand that misleading or incorrect statements may render this application void and in the event of my employment would be cause for immediate dismissal.

In the event of employment, I understand that employment is "at will" and can be terminated by either party for any reason with or without cause.

I have carefully read the above and fully understand the same.

I certify that all entries on this application and information in it are true and complete to the best of my knowledge.

Date: _____ Signature: _____

OPTIONAL - Attachment A to Application for Employment:

Name _____ Date _____

The policy of Home Care Advantage is to maintain and promote equal employment opportunity. This information is voluntarily provided, and refusal to provide this information will not subject any applicant or employee to any adverse treatment. Information provided regarding Veteran and / or Disability status will be used only in accordance with 38 U.S.C. 2012 as amended (The Vietnam Era Veterans Readjustment Assistance Act of 1974), the Rehabilitation Act of 1973, as amended, and the regulations 41 CFR 60-741. Nothing shall preclude employees from informing the company, at a future time, of desired to benefit under these programs.

If you wish to identify yourself, check any of the below which applies to you. All information will be regarded as confidential.

Veteran of the Vietnam Era _____

(Served on active duty for a period of more than 180 days between August 5, 1964 and May 7, 1975, and discharged with other than dishonorable discharge.)

Disable Veteran _____

(Discharged for service-connected disability during the Vietnam Era. Must be rated at 30 percent disabled by the Veterans Administration.)

Disabled _____

(A person who has a physical or mental impairment, which substantially limits one or more of such person's major life activities.)