

Birch Meadows Senior Care

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, ancestry, veteran status, medical condition, sexual orientation, marital status or any other characteristic protected by applicable state or federal civil rights laws.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN#: _____

Phone: _____ Cell Phone: _____

Email: _____

Previous Address (if have lived less than 7 years at present address):

Street	City	State	Zip-code
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List counties and states that you have lived in for the last 10 years:

Other name(s) under which employment may be verified:

How did you hear about us? _____

EDUCATION:

High School _____ City/State _____ Dates _____

Vocational School _____ City/State _____ Dates _____

College _____ City/State _____ Dates _____

College _____ City/State _____ Dates _____

Course(s) of Study:

Special skills, certificates, awards or courses:

Do you have any other training, experience, skills, qualifications or experiences which make you especially suited for employment as a senior caregiver?

AVAILABILITY:

What days and times, including weekends, **are you** available to work?

What days and times are you **not** available to work?

Can you be called at the last minute for emergency assignments: Yes No

Comments:

EMPLOYMENT ELIGIBILITY

*Are you legally authorized to work in the United States? Yes No

* Are you at least 18 years of age? Yes No

*Have you ever been convicted of a criminal offense? Yes No

If yes, please state the nature of the crime (s), when and where you were convicted, and the disposition of the case:

*Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed:

WORK EXPERIENCE: (start with most recent job)

1. Company or Employer: _____

Address: _____

Start Date: _____ End Date: _____

Duties: _____

Supervisor: _____ Phone: _____

Reason Left: _____ May we contact: _____

Starting Salary: _____ Ending Salary: _____

2. Company or Employer: _____

Address: _____

Start Date: _____ End Date: _____

Duties: _____

Supervisor: _____ Phone: _____

Reason Left: _____ May we contact: _____

Starting Salary: _____ Ending Salary: _____

3. Company or Employer: _____

Address: _____

Start Date: _____ End Date: _____

Duties: _____

Supervisor: _____ Phone: _____

Reason Left: _____ May we contact: _____

Starting Salary: _____ Ending Salary: _____

Discuss any training or related experience working with the elderly that you have had:

PROFESSIONAL REFERENCES:

Name: _____ Relationship: _____

Known for how many years: _____ Phone: _____

Name: _____ Relationship: _____

Known for how many years: _____ Phone: _____

Name: _____ Relationship: _____

Known for how many years: _____ Phone: _____

****CERTIFICATION AND RELEASE:** I certify that I have read and understand the application 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 complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for 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, including consumers reporting bureaus, to verify any information including, but not limited to, 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 any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE: _____ **DATE:** _____