

Silver Linings Personal Care Home, Inc.

Application for Employment

Please Print

Date of Application _____ Position applied for _____

Name _____ Social Security # _____
First M. Last

Address _____
Street
City St. Zip code

Telephone number (_____) _____ - _____

Email Address: _____

Have you ever been employed here before? YES or NO If yes, give dates/position? _____

Type of employment requested: _____ Full time (32 hours or more weekly), _____ part time

We are staffed 24 hours a day, 7 days a week to include weekends and holidays.

Date available for work? _____ Do you have any restrictions to working any shift or days? _____
_____ We require all employees work every other weekend.

Would that be a problem for you? Yes or No if yes, describe the problem. _____

Our attendance requirements are working your scheduled shifts, being on time (3rd date tardy and no call/no show = termination)

This position requires a fingerprint criminal background check. Do you have any criminal history? Yes or No
If yes, explain. _____

(There is a list of covered crimes that would prevent employment)

Have you ever pled "guilty" or "no-contest" to or been convicted of a crime? ___ Yes or ___ No

If yes, please provide date(s) and details: _____

Are you listed as a sex offender? Yes or No

Why did you choose this type of career? _____

What qualities do you think a good caregiver should have? _____

Do you have reliable transportation? Yes or No Are you a primary caregiver to a family member? Yes or No

Do you consider yourself to be a quick learner? Yes or No

How long do you expect to be in training for this position? _____

What are your three strongest/positive attributes?

What are your three weakest/negative attributes?

EMPLOYMENT HISTORY: Provide the following information for the past 5 years, starting with most recent.

Employer Name: _____

Address: _____

Phone Number: _____ Person to contact: _____

Dates of employment: from _____ to _____ Position held: _____

Reason for leaving: _____

Ending pay _____ May we contact? Yes or No

Immediate supervisor name & title: _____

Summarize the nature of work: _____

Do you believe you will be recommended for this job? Yes or No

Employer Name: _____

Address: _____

Phone Number: _____ Person to contact: _____

Dates of employment: from _____ to _____ Position held: _____

Reason for leaving: _____

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Immediate supervisor name & title: _____

Summarize the nature of work: _____

Do you believe you will be recommended for this job? Yes or No

REFERENCES:

Name:

Telephone #

1. _____
2. _____
3. _____

Applicant Statement:

I certify that all the information I have provided to apply for and secure work with Silver Linings Personal Care Home, Inc. is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize without reservation, the employer, it's representatives, employees, or agents to contact and obtain information from all references and to other wise verify the accuracy of all information provided by me in this application, resume or interview. I herby waive any and all rights and claims I may have regarding the employer, it's agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishings such information about me.

I understand that the employer does not unlawfully discriminate in the employment and no questions on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited local, state or federal law.

I understand that this application remains current for only 90 days. As the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice except as may be required by law. This application does constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied, oral or written agreement contrary to the forgoing express language is valid unless they are in writing and signed by employer's administrators.

I also understand that there are requirements of proof of identity and legal authority to work in the United States and federal immigration laws require me to complete an I-9 form in this regard. I understand for this type of employment, state law requires a national and state background check as a condition of employment. If deemed unacceptable, your employment and/or offer will be immediately terminated.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand, and accept all terms of the forgoing application statement.

Signature of applicant: _____ **Date:** _____