**APPLICATION FOR EMPLOYMENT**

GENERAL INFORMATION

**Name (First, MI, Last):** Click here to enter text.

**Address:** Click here to enter text. **City, State, Zip:** Click here to enter text.

**Primary Phone:** Click here to enter text. **Alternate Phone:** Click here to enter text.

**Email:** Click here to enter text.

**PLEASE SELECT THE APPROPRIATE RESPONSE TO EACH**

**Employment Status: Shifts Available:**

Full-Time: Choose an item. 1st Shift: Choose an item.

Part-Time: Choose an item. 2nd Shift: Choose an item.

POOL: Choose an item. 3rd Shift: Choose an item.

**How did you hear about open position?** Choose an item.

**\*OTHER or EMPLOYEE REFERRAL:** Click here to enter text.

**Desired Pay (Minimun):** $Click here to enter text./hr

**When are you available to start?**  Click here to enter a date.

**Do you have a valid Driver’s License?** Choose an item.

*Mariah’s Family Care Home is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Mariah’s Family Care Home complies with applicable state and local laws governing non‑discrimination in employment in every jurisdiction in which it maintains facilities. Mariah’s Family Care Home also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*

**PLEASE SELECT “YES” OR “NO” TO THE FOLLOWING:**

**Are you authorized to work in the United States?** Choose an item.

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in

the United States. In compliance with these laws, Mariah’s Family Care Home will verify the status of

every individual offered employment with the Company. In this connection, all offers of employment are

subject to verification of the applicant’s identity and employment authorization, and it will be necessary

for you to submit such documents as are required by law to verify your identification and employment

authorization.

**Are you capable of performing the essential functions of the job for which you are applying with or without reasonable accommodation?** Choose an item.

BACKGROUND

**EDUCATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME AND ADDRESS**  **OF SCHOOL** | **MAJOR SUBJECT** | **DID YOU**  **GRADUATE?** | **TYPE OF DEGREE**  **OR DIPLOMA** |
| **HIGH SCHOOL:**  Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |
| **COLLEGE:**  Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |
| **OTHER:**  Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |

**TRAINING AND DEVELOPMENT:**

|  |  |  |
| --- | --- | --- |
| **TITLE OF TRAINING PROGRAM OR COURSE** | **DURATION OF COURSE** | **COMPLETION DATE** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

**EMPLOYMENT HISTORY (MOST RECENT JOB FIRST):**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF EMPLOYER:**  Click here to enter text. | | **POSITION/TITLE:**  Click here to enter text. | |
| **ADDRESS:**  Click here to enter text. | | **SUPERVISOR’S NAME, TITLE/POSITION:**  Click here to enter text. | |
| **TYPE OF BUSINESS:**  Click here to enter text. | | **CONTACT PHONE NUMBER:**  Click here to enter text. | |
| **START OF EMPLOYMENT:**  Click here to enter a date. | **END OF EMPLOYMENT:**  Click here to enter a date. | | **TERMINATION:**  Choose an item. |
| **BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION:**  Click here to enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF EMPLOYER:**  Click here to enter text. | | **POSITION/TITLE:**  Click here to enter text. | |
| **ADDRESS:**  Click here to enter text. | | **SUPERVISOR’S NAME, TITLE/POSITION:**  Click here to enter text. | |
| **TYPE OF BUSINESS:**  Click here to enter text. | | **CONTACT PHONE NUMBER:**  Click here to enter text. | |
| **START OF EMPLOYMENT:**  Click here to enter a date. | **END OF EMPLOYMENT:**  Click here to enter a date. | | **TERMINATION:**  Choose an item. |
| **BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION:**  Click here to enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF EMPLOYER:**  Click here to enter text. | | **POSITION/TITLE:**  Click here to enter text. | |
| **ADDRESS:**  Click here to enter text. | | **SUPERVISOR’S NAME, TITLE/POSITION:**  Click here to enter text. | |
| **TYPE OF BUSINESS:**  Click here to enter text. | | **CONTACT PHONE NUMBER:**  Click here to enter text. | |
| **START OF EMPLOYMENT:**  Click here to enter a date. | **END OF EMPLOYMENT:**  Click here to enter a date. | | **TERMINATION:**  Choose an item. |
| **BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION:**  Click here to enter text. | | | |

**CRIMINAL HISTORY DECLARATION:**

**Have you ever been arrested or convicted of any criminal offense excluding minor traffic violations?**

Choose an item.

**Have you ever been accused, arrested, or convicted of abuse or sexually related crimes?**

Choose an item.

**Is there anything in your lifestyle or background that would call into question your ability to perform the duties asked?**

Choose an item.

|  |
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| **If you answered YES to any of these questions, please explain:**  Click here to enter text. |

*\*\*Please note: answering* ***“YES”*** *to any of these questions does not automatically disqualify you. Please use the space provided above to explain the circumstances in detail.*

**PREVIOUS EXPERIENCEAND TRAINING:**

***Check all that apply***

**Experience Description**

**Personal Care: Bathing or showering** Choose an item.

**Hair washing and dressing** Choose an item.

**Helping to the toilet/using aids** Choose an item.

**Moving and handling** Choose an item.

**Incontinence care** Choose an item.

**Medication assistance** Choose an item.

**Health related tasks** Choose an item.

**Preparation of Food: Menu planning** Choose an item.

**Preparing culturally suitable food** Choose an item.

**Feeding** Choose an item.

**General Duties: Housework** Choose an item.

**Laundry and Ironing** Choose an item.

**Shopping** Choose an item.

**Have you ever worked with people**

**Suffering from: Dementia/Alzheimer’s Disease** Choose an item.

**Learning Disability** Choose an item.

**Physical Disability** Choose an item.

**Mental Health Issues** Choose an item.

**Behavioral Issues** Choose an item.

REFERENCES

|  |  |
| --- | --- |
| **Name:** | Click here to enter text. |
| **Relationship to you:** | Click here to enter text. |
| **Phone Number:** | Click here to enter text. |

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| --- | --- |
| **Name:** | Click here to enter text. |
| **Relationship to you:** | Click here to enter text. |
| **Phone Number:** | Click here to enter text. |

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| --- | --- |
| **Name:** | Click here to enter text. |
| **Relationship to you:** | Click here to enter text. |
| **Phone Number:** | Click here to enter text. |

PERSONAL STATEMENT

**Tell us why you are applying for this job. You should also use this section to state how you meet the requirements of this position by providing details of your experience, skills and knowledge gained in employment, voluntary work, training, or elsewhere.**

Click here to enter text.

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company’s employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be “at will” and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company’s part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: Click here to enter text.

DATE: Click here to enter a date.