

COMFORTING HOME CARE BY PHOEBE



EMPLOYMENT APPLICATION APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Cell Phone Number:	Cell Phone Company:	Note: The name of your cell phone company is necessary for text messages.		
Date Available	Social Security No.	Desired Salary		
Professional licenses (please include states and registration numbers)				
Position Applied for				
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?		
Have you ever worked for this company?		If so, when?		
Have you ever been convicted of a felony?		If yes, explain		

EDUCATION

High School		Address		
From	To	Did you graduate?	Degree	
College		Address		
From	To	Did you graduate?	Degree	
Other		Address		
From	To	Did you graduate?	Degree	

Please list any other relevant training or certifications:

WORK AVAILABILITY

Monday	Saturday
Tuesday	Sunday
Wednesday	Weekends
Thursday	Live-in?
Friday	

PROFESSIONAL REFERENCES*Please list two(2) professional references.*

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

PERSONAL REFERENCES*Please list one(1) personal references (non-relative)*

Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	Click here	To	Click here	Reason for Leaving
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May we contact your previous supervisor for a reference?

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Job Title

Responsibilities

From	Click here	To	Click here	From
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May we contact your previous supervisor for a reference?

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Job Title

Responsibilities

From	Click here	To	Click here	From
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May we contact your previous supervisor for a reference?

MILITARY SERVICE

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

TRANSPORTATION

Do you have reliable transportation?	Can you transport clients?
Driver's License Number?	License Expiration Date:
Auto Insurance Carrier and Policy Number?	Insurance Expiration Date:

HOW DID YOU LEARN ABOUT COMFORTING HOME CARE?

CHCP Web Site	CHCP Employee
Newspaper	Customer
Craig's List	TV or Radio
Internet Job Posting	Other Source

AUTHORIZATION AND DISCLAIMER

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, misleading or falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I authorize complete investigation of all statements contained herein and hereby give my full permission for Comforting Home Care by Phoebe, or its agent, to contact and fully discuss my background and history with all persons and entities listed above to disclose any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to Comforting Home Care by Phoebe

I authorize Comforting Home Care by Phoebe, or its agent, to perform any federal, state, or local criminal history clearance check or child abuse history clearance check.

I authorize Comforting Home Care Inc, or its agent, to perform any state driver history record check or automobile insurance claim information.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

Attach additional information if space on this form does not permit.

Signature

Date

PROFESSIONAL REFERENCE CHECK #1

To Whom It May Concern:

The applicant named below has submitted an application for employment with Comforting Home Care by Phoebe. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____

Date of Application: _____

Previous Employer: _____

Contact Person: _____

Address: _____

Phone: () _____

I hereby authorize the following information to be released. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____

Date: _____

To be completed by previous employer:

Date of employment: From: _____ To: _____ Position Held: _____

Responsibilities: _____

Reason for Leaving: _____

Rate of Pay: (weekly/biweekly/salary): _____

Additional comments (training/skills) _____

Comforting Home Care by Phoebe Use Only

Reference Check Performed by: _____ Date: _____

PROFESSIONAL REFERENCE CHECK #2

To Whom It May Concern:

The applicant named below has submitted an application for employment with Comforting Home Care by Phoebe. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____

Date of Application: _____

Previous Employer: _____

Contact Person: _____

Address: _____

Phone: () _____

I hereby authorize the following information to be released. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____

Date: _____

To be completed by previous employer:

Date of employment: From: _____ To: _____ Position Held: _____

Responsibilities: _____

Reason for Leaving: _____

Rate of Pay: (weekly/biweekly/salary): _____

Additional comments (training/skills) _____

Comforting Home Care by Phoebe Use Only

Reference Check Performed by: _____ Date: _____

PERSONAL REFERENCE CHECK #1

To Whom It May Concern:

The applicant named below has submitted an application for employment with Comforting Home Care by Phoebe. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____

Date of Application: _____

Previous Employer: _____

Contact Person: _____

Address: _____

Phone: () _____

I hereby authorize the following information to be released. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____

Date: _____

To be completed by personal reference:

How long have you known the applicant? _____

How do you know the applicant?

How would you describe the applicant?

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Reference Check Performed by: _____ Date: _____