

Home Comfort Senior Care, Inc.

Caregiver Application for Employment

Name:		Date:
Social Security Number:		Date of Birth:
Current Address:		
City:	State:	Zip:
Previous Address:		
City:	State:	Zip:
Home Phone:		Cell Phone:
E-mail Address:		

Emergency Contact

Name:		Relationship:
Home Phone:		Cell Phone:

Driver Information

Driver's License Number:		State:
Do you have an automobile?	Make & Model:	
Insurance Company:	Policy Number:	
Insurance Agent:	Agent Phone Number:	

Check Hours Available

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Are you available for 24-hour live-in care?

Desired Hourly Wage:

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Employment History

Company:	From:	To:
Job Title:	Why did you leave?	
Duties:		
Supervisor:	Telephone #:	
May we contact:		

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Duties:		
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Personal References

Name:	Relationship:
Address:	Telephone:
Name:	Relationship:
Address:	Telephone:
Name:	Relationship:
Address:	Telephone:

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Are you a legal citizen of the United States of America:

Have you ever been convicted of a felony or misdemeanor?

If yes, please explain:

By my signature placed below, I affirm the information provided in this employment application is true and complete. I understand if employed, and false information or omissions shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I agree to notify Home Comfort Senior Care if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired.

I authorize the investigation of all statements contained in this application. I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers and listed references and other references that might know of my qualifications for employment.

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations who might know of my qualifications for employment to provide Home Comfort Senior Care with relevant information and opinions that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.

I understand this application does not, by itself, create a contract of employment. I understand and agree, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand NO PERSON IS AUTHORIZED TO CHANGE ANY TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

Applicant's Signature:

Date:

Contact Information:

Toll Free: 1-877-661-5840

Fax: 734-785-4462