



caring
matters

Employment Application

Caring Matters is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

PLEASE PRINT ALL
INFORMATION EXCEPT
SIGNATURE

APPLICANT INFORMATION:

Applicant's Full Name:		Date:	
Social Security Number:		DOB:	
Home Phone:		Other Phone:	
E-mail Address:			
Address:			
City, State & Zip:			

How were you referred to our company?	
Position (s) applying for:	
Are you applying for <input type="checkbox"/> Full-Time work <input type="checkbox"/> Part-Time	
What days and hours are you available for work? _____	
If hired, on what date can you begin working? ____/____/____	
Salary desired: _____	
Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) <input type="checkbox"/> Y or <input type="checkbox"/> N	
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? <input type="checkbox"/> Y or <input type="checkbox"/> N	
If hired, are you willing to submit to and pass a controlled substance test? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? <input type="checkbox"/> Y or <input type="checkbox"/> N	
If no, describe the functions that cannot be performed:	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus/Trade school				
Professional School				

DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Y or <input type="checkbox"/> N
What are your means of transportation to work? _____
Driver's License number: _____ State of Issue: _____ Expiration date: _____
Have you had any accidents during the past three years? <input type="checkbox"/> Y or <input type="checkbox"/> N How many? _____
Have you had any moving violations during the past three years? <input type="checkbox"/> Y or <input type="checkbox"/> N How many? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? [] Y or [] N

If yes, explain number of convictions, nature of offense(s) leading to conviction, how recently such offense(s) were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

WORK EXPERIENCE:

Name of employer Address City, State & Zip Code Phone number	Name of last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving:			
Duties performed, skills used and learned, advancements or promotions:			

Name of employer Address City, State & Zip Code Phone number	Name of last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving:			
Duties performed, skills used and learned, advancements or promotions:			

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Name of employer Address City, State & Zip Code Phone number	Name of last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving:			

REFERENCES: Please list three references other than relatives

Name: _____	Position/Title: _____
Company: _____	Relationship: _____
Address: _____ _____	
Telephone: (_____) _____	

Name: _____	Position/Title: _____
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Address: _____ _____	
Telephone: (_____) _____	

Name: _____	Position/Title: _____
Company: _____	Relationship: _____
Address: _____ _____	
Telephone: (_____) _____	

Additional information to describe your full qualifications:

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my employment. I attest to the fact that the answers given are true & correct to the best of my knowledge and ability. I understand that omission or misstatement of information can be grounds for rejection of application or, if I am employed by this company, terms for my immediate discharge from the company. _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. _____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. I release the company, my former employers & all other persons, from any & all claims, demands or liabilities arising out of or in any way related to such examination. _____

Applicant's Signature: _____ **Date:** _____