

APPLICATION FOR EMPLOYMENT

1. JOB TITLE APPLYING FOR:				
2. SOCIAL SECURITY NUMBER (See Instruction D)	3. PREFERRED CONTACT METHOD <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE	4. DRIVER'S LICENSE NUMBER	4b. STATE	4c. EXPIRATION DATE
5. NAME: LAST	FIRST	MIDDLE		
6. CURRENT HOME ADDRESS: NUMBER	STREET	APARTMENT	7. PHONE – Area & Number ()	7b. PHONE – Area & Number ()
CITY	STATE	ZIP CODE	8. E-MAIL ADDRESS	
9. ARE YOU A UNITED STATES CITIZEN? (See Instruction E) <input type="checkbox"/> YES <input type="checkbox"/> NO		10. YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN THREE (3) BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. WE ARE LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.		

11. HIGH SCHOOL EDUCATION: DID YOU GRADUATE FROM HIGH SCHOOL OR PASS THE GED TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO (Answer 31b)	12. IF UNDER 18 YEARS OF AGE, CAN YOU PROVIDE A WORK PERMIT OR A GED CERTIFICATE PRIOR TO AN EMPLOYMENT OFFER BEING MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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13. ADDITIONAL EDUCATION - ENTER REQUESTED INFORMATION IN ALL COLUMNS					
NAME AND LOCATION OF HIGH SCHOOL, UNIVERSITIES, COLLEGES, OR TRADE SCHOOLS ATTENDED	COMPLETION DATES	UNITS COMPLETED SEMESTER QUARTER	MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	TITLE OF DEGREE/ CERTIFICATE RECEIVED

14. LANGUAGE PROFICIENCY (OTHER THAN ENGLISH: INDICATE SPOKEN AND/OR WRITTEN):	
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15. MAY CARING CONNECTIONS, LLC CONTACT YOUR PAST EMPLOYER(S) FOR REFERENCES? IF YES , THEN READ THE FOLLOWING STATEMENTS AND SIGN YOUR NAME ON THE LINE BELOW. I AUTHORIZE CARING CONNECTIONS, LLC TO OBTAIN EMPLOYMENT INFORMATION FROM ANY PREVIOUS EMPLOYER.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature _____	Date: _____
16. MAY CARING CONNECTIONS, LLC CONTACT YOUR CURRENT EMPLOYER(S) FOR REFERENCES? IF YES , THEN READ THE FOLLOWING STATEMENTS AND SIGN YOUR NAME ON THE LINE BELOW. I AUTHORIZE CARING CONNECTIONS, LLC TO OBTAIN EMPLOYMENT INFORMATION FROM MY CURRENT EMPLOYER.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature _____	Date: _____
17. HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN IN ORDER TO AVOID BEING FIRED FROM A JOB? IF YES , PLEASE COMPLETE THE FOLLOWING (LIST ALL CASES EXCEPT LAYOFFS FOR LACK OF WORK. ATTACH ADDITIONAL SHEET IF NECESSARY).	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER'S NAME AND ADDRESS _____	
DATE AND REASON FOR DISCHARGE _____	

18. **WORK EXPERIENCE:** BEGIN WITH YOUR MOST RECENT JOB - LIST EACH JOB SEPARATELY. (See Instruction F)
PLEASE NOTE: INCOMPLETE INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION.

DATES		EMPLOYERS	DUTIES
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
From	To		
AVG HOURS PER WEEK		ADDRESS (OR CITY DEPARTMENT)	DUTIES PERFORMED
PAID POSITION?		CITY, STATE AND ZIP CODE	-----
YES	NO		-----
		IMMEDIATE SUPERVISORS NAME	-----

DATES		EMPLOYERS	DUTIES
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
From	To		
AVG HOURS PER WEEK		ADDRESS (OR CITY DEPARTMENT)	DUTIES PERFORMED
PAID POSITION?		CITY, STATE AND ZIP CODE	-----
YES	NO		-----
		IMMEDIATE SUPERVISORS NAME	-----

DATES		EMPLOYERS	DUTIES
MONTH AND YEAR:		NAME OF CURRENT OR LAST EMPLOYER	YOUR TITLE
From	To		
AVG HOURS PER WEEK		ADDRESS (OR CITY DEPARTMENT)	DUTIES PERFORMED
PAID POSITION?		CITY, STATE AND ZIP CODE	-----
YES	NO		-----
		IMMEDIATE SUPERVISORS NAME	-----

Read and Sign below – Verify Completion of ALL fields on Application

The following statements are general conditions for employment. This application does not constitute an offer for employment, merely the opportunity to compete for the position. Your application is subject to review and may be rejected at any time if shown that you do not meet the qualifications specified in the bulletin for the position for which you are applying. **Please read and initial the following three statements**, and **sign and date the application in Box 19**. You **MUST** answer the work experience section on PAGE 2 for your application to be considered complete.

As a condition of employment for a safety-sensitive position, I may be required to undergo a drug and alcohol abuse screening test prior to appointment.

_____ Initial Here

I also understand that this application, and attachments become the property of Caring Connections, LLC
No copies of these documents shall be made available or provided to me

_____ Initial Here

I certify that all statements on this application form and attachments are true and complete to the best of my knowledge.
I understand that false, misleading, or incomplete information shall be sufficient cause for disqualification or dismissal
and other penalties as may be prescribed by law

_____ Initial Here

19. **SIGNATURE & DATE** (Original in ink; pencil or photocopy not accepted.)

APPLICATION INSTRUCTIONS

- A. **INFORMATION** - IF NOT COMPLETING THE FILLABLE ON-LINE VERSION OF THIS APPLICATION, PLEASE FILL OUT THIS APPLICATION CAREFULLY IN INK. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY.
- B. **ACCEPTANCE** - APPLICANTS WHO FAIL TO SUBMIT ALL REQUIRED INFORMATION WILL NOT BE CONSIDERED FOR EMPLOYMENT. ALL APPLICATIONS ARE ACCEPTED ON A TENTATIVE BASIS SUBJECT TO A LATER REVIEW OF YOUR EMPLOYMENT HISTORY. IF YOU DO NOT MEET THE MINIMUM JOB REQUIREMENTS OR YOUR WORK RECORD IS NOT ACCEPTABLE, YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.
- C. **VERIFICATION** - THE INFORMATION SUBMITTED ON YOUR APPLICATION IS SUBJECT TO VERIFICATION. APPLICANTS OR NEW EMPLOYEES MAY BE FINGERPRINTED AND DISQUALIFICATION MAY RESULT FROM FACTORS CONSIDERED DURING REVIEW (I.E. WORK HISTORY AND/OR CRIMINAL HISTORY).
- D. **SOCIAL SECURITY NUMBER (ITEM 2)** - FEDERAL LAW (P.L. 93-579, SECTION 7) REQUIRES THAT YOU BE INFORMED WHEN ASKED FOR YOUR SOCIAL SECURITY NUMBER THAT THIS NUMBER MUST BE PROVIDED AND THAT IT WILL BE USED FOR IDENTIFICATION PURPOSES, EMPLOYMENT AND PAYROLL PROCESSES.
- E. **RIGHT TO WORK (ITEM 9 & 10)** - ALL APPLICANTS WILL BE REQUIRED TO SHOW PROOF OF UNITED STATES CITIZENSHIP OR THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN THREE BUSINESS DAYS OF HIRE. FAILURE TO COMPLY WITH THE REQUIREMENTS OF THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 WITHIN THE TIME PRESCRIBED BY THE ACT MAY RESULT IN TERMINATION.
- F. **EDUCATION AND EXPERIENCE (ITEMS 11, 12, 13 & 18)** - YOU MUST LIST A COMPLETE RECORD OF YOUR TRAINING AND EXPERIENCE. LIST ALL JOBS REGARDLESS OF DURATION, INCLUDING PART-TIME JOBS, MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT DURING THE LAST TEN YEARS. ALSO, LIST VOLUNTEER EXPERIENCE AND JOBS HELD MORE THAN TEN YEARS AGO WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING. IF YOU HAVE NO WORK EXPERIENCE, INDICATE NONE. IF MORE SPACE IS NEEDED, PRINT AND ATTACH ADDITIONAL SHEETS.
- G. **SIGNATURE (ITEM 19)** - THIS APPLICATION MUST BE SIGNED (NOT PRINTED) BY THE APPLICANT.