



Employment Application

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a non-related medical condition or disability. All questions must be answered and application signed. Any application that does not provide requested information will be automatically rejected.

Position(s) Applied for _____ Date of Application ___/___/___

Referral Source: Advertisement Employee Relative Walk-In Internet
 State Employment Agency Private Employment Agency Other _____

Name: _____ Social Security Number ____-____-____
Last First Middle

Email Address: _____

Current Address: _____ City: _____ State: _____ Zip: _____
Number Street

How long at this address? _____

Previous Address: _____ City: _____ State: _____ Zip: _____
Number Street

How long at this address? _____

Phone Number: (____) _____ Cell Phone: (____) _____ Best time to call you: _____

What date are you available for employment? _____ Date: ___/___/___

Type of employment desired: (check all that apply) Full time Part time Temporary Seasonal

Are you able to work overtime if required? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you previously applied for a position at Comfort Keepers? Yes No When? _____

Have you previously worked at Comfort Keepers? Yes No When? _____

Are you eligible to work in the United States? Yes No

(Proof of eligibility will be required before you can be employed.)

If you are under 18, can you furnish a work permit? Yes No

Have you ever been convicted of/or plead guilty to a crime (other than minor traffic violations)? Yes No

If yes, please explain: (give date, location, charge, etc.) _____

(Please note that in order to be hired by Comfort Keepers, you must be Bondable.)

If the job requires, do you have a valid driver's license? Yes No

DL# _____ Type: _____ State of Issue _____

Have you had any moving violations in the past 3 Years?

If yes, please describe _____

Do you have any relatives currently employed by Comfort Keepers? Yes No

If yes, please list: _____

Are you able to perform the essential functions of the job for which you are applying,
either with or without reasonable accommodations? Yes No

If no, describe the functions that cannot be performed: _____

(Note: we comply with the ADA and consider reasonable accommodations measure that may be necessary to eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Person to be contacted in case of an emergency: Relationship: _____
 Name: _____ Telephone #: (____) _____
Last First Middle
 Address: _____ City: _____ State: _____ Zip: _____
Number Street

Educational Background:

Type of School	Name/City	How Many Years Attended	Graduated	Course or Major
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

Employment History:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer:	Telephone:	<u>Dates Employed</u> Month & Year		Summarize the nature of the work performed and job responsibilities
	()	From	To	
Address:				
Job Title:		Hourly Rate/Salary Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for leaving:		Hourly Rate/Salary Final		
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer:	Telephone:	<u>Dates Employed</u> Month & Year		Summarize the nature of the work performed and job responsibilities
	()	From	To	
Address:				
Job Title:		Hourly Rate/Salary Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for leaving:		Hourly Rate/Salary Final		
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer:	Telephone:	<u>Dates Employed</u> Month & Year		Summarize the nature of the work performed and job responsibilities
	()	From	To	
Address:				
Job Title:		Hourly Rate/Salary Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for leaving:		Hourly Rate/Salary Final		
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments and other skills, licenses/certification and qualifications (including explanation of any gaps in employment):

References:

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you, whom have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years known	Relationship

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Comfort Keepers other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Comfort Keepers.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Comfort Keepers.

I give the employer and /or its' agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post accident occurrences.

The employer, Comfort Keepers, is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

NOTICE: This is to inform you that as part of processing your employment application, we may obtain a consumer report and/or an investigative report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of this notice and a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."

Signature of Applicant _____ Date ____/____/____

Applicant: Please do not write on this page. **For Office use only.**

Interview Results:

Interviewer	Date	Comments

Test Results:

Test Administered	Date	Score	Comments/Interpretation

Reference Checks:

Employer	Rehirable? Y or N	Comments



Please complete the following schedule and provide times that you are able to work for Comfort Keepers. We provide services 24 hours a day, 7 days a week. How you complete this form is very important. The work hours that are provided for you by Comfort Keepers are driven by two primary business issues; the needs of the clients and your availability to work.

Name: _____ Date _____

Phone:			
Mobile		Pager:	
Email:			
Will you work with a Smoker:		Max Hours Per Week you want to work:	
Will you work with Pets:		Will you work in a Multi-level Home:	
Will you work with a client who has Dementia or Alzheimer's:		Are you Willing to Drive clients in your car:	

IMPORTANT, READ THIS SECTION CAREFULLY! This section is intended to define your TOTAL availability. Please put the earliest time you are available to START and the latest time you are willing to END a shift with a client. If you are not available on a day please leave it BLANK. The information you provide is used to determine Comfort Keepers' hiring needs. Should your availability change, written notice must be submitted to the office and be signed by a supervisor at least two weeks prior to the intended change. If you WILL NOT be available during the times you provide on this sheet you are required to NOTIFY THE OFFICE IN ADVANCE in writing!

<u>Day</u>	<u>Start</u>	<u>End</u>	<u>Comments or Exceptions</u>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Would you do Overnights? Yes or No Can you do Continuous Care (Live-In) Yes or No

Do you have any schedule conflicts or commitments that you are aware of at this time that would prevent you from fulfilling the above hours? Yes or No If Yes, please explain:

Signature: _____

Date: _____