

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer that provides equal access to programs, services, and employment to all persons. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, marital status, sexual orientation, age, physical or mental disability, or covered veteran status. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Faithful Home Care Solutions.

1. PERSONAL INFORMATION

Last Name:	First Name:	M.I.
_____	_____	_____
Date of Birth:		

Street Address:		Apartment/Unit #:
_____		_____
City:	State:	Zip Code:
_____	_____	_____
Phone/Home Number:	Email Address:	Social Security No:
_____	_____	_____

2. POSITION SPECIFIC INFORMATION

Position Applied For:

☐ Direct Care Worker ☐ Other

If, Other, please specify:

Has your license ever been suspended or revoked? If Yes, explain:

☐ Yes ☐ No

Employment Desired: If, 12-Hour-Shifts:

☐ Full-time ☐ Part-time ☐ Live-In ☐ AM ☐ PM

☐ 12-Hour-Shifts

Time Availability: (check all times you are available for work; times noted are approximate)

☐ 8 am to 12 pm ☐ 12 pm to 4 pm ☐ 4 pm to 8 pm ☐ 8 pm to 12 am

☐ 12 am to 4 am ☐ 4 am to 8 am

Days Availability:

☐ Monday ☐ Tuesday

☐ Wednesday

☐ Thursday ☐ Friday

☐ Saturday ☐ Sunday

Are you a citizen of the United States?

☐ Yes ☐ No

If no, are you authorized to work in the U.S.?

☐ Yes ☐ No

Have you ever worked for this company?

☐ Yes ☐ No

If so, when?

Have you ever been convicted of a felony or misdemeanor?

☐ Yes ☐ No

If yes, detail:

Languages Spoken:

☐ Spanish ☐ French
☐ Russian
☐ Vietnamese ☐ Korean
☐ Other

Other Language (Please specify)

3. WHERE DID YOU HEAR ABOUT US?

EDUCATION

4. 4.1 HIGH SCHOOL

From:

To:

Did You Graduate?

Degree

☐ Yes ☐ No

Address:

City:

State:

Zip Code:

4.2 COLLEGE (if applicable)

From:

To:

Did You Graduate?

Degree

☐ Yes ☐ No

Address:

City:

State:

Zip Code:

4.3 OTHER

From:

To:

Did You Graduate?

Degree

☐ Yes ☐ No

Address:

City:

State:

Zip Code:

REFERENCES

Please List Three Professional References:

5.

	Full Name	Relationship	Company	Contact No.	Email Address
1. Professional Reference					
2. Professional Reference					
3. Professional Reference					

PREVIOUS EMPLOYMENT

6. Company (1):

Work Phone:

Address:

City:

State:

Zip:

Supervisor Name:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

Date Employed: (Start Date)

Date Employed: (End Date)

Reason for Leaving:

May we contact your previous supervisor for a reference?

☐ Yes ☐ No

7. Company (2):

Work Phone:

Address:

City:

State:

Zip:

Supervisor Name:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

Date Employed: (Start Date)

Date Employed: (End Date)

Reason for Leaving:

May we contact your previous supervisor for a reference?

☐ Yes ☐ No

MILITARY SERVICE

8. Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain

EMERGENCY CONTACT: In case of an emergency.

Please notify the Agency immediately if there are any changes to your emergency contact information.

9. Full Name:

Relationship:

Phone Number:

Current Address:

Apt./Unit #

City:

State:

Zip Code:

10. Full Name:

Relationship:

Phone Number:

Current Address:

Apt./Unit #

City:

State:

Zip Code:

EMPLOYMENT APPLICATION DISCLOSURE AND AUTHORITY TO RELEASE INFORMATION

11. PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING.

I understand that in processing my application with Faithful Home Care Solutions, a background check will be conducted. Information may include, but is not limited to: employment history, education, criminal records, national sex offender check, child abuse clearance, motor vehicle records, personal references, and any data provided on this application or during the interview process.

If currently employed: My current employer may be contacted

☐ Yes ☐ No

I authorize the appropriate individuals, companies, institutions, or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. I have read, understand, and by my signature, consent to these statements. I hereby certify that all the statements and answers set forth on the application form, my resume, and interview are true and complete to the best of my knowledge. If this application leads to employment, I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection of my application or termination of my employment.

Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

APPLICANT

Signature Date

ADDRESS HISTORY - PAST 7 YEARS

Please list any additional addresses you have lived, worked, and attended schools in during the past 7 years:

12. Please list any additional addresses where you have lived, worked, and attended schools during the past 7 years.

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

13. Please list any additional addresses where you have lived, worked, and attended schools during the past 7 years.

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

14. Please list any additional addresses where you have lived, worked, and attended schools during the past 7 years.

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

OTHER NAME(S) USED AND DATE(S) CHANGED

15. Name

_____ Date Changed: _____

_____ Name _____

_____ Date Changed: _____

GOVERNMENT-ISSUED IDENTIFICATION

16. Driver's License Number:

_____ State Issued: _____

_____ Expiration Date: _____

_____ Social Security Number (SSN) _____ Date of Birth: _____

I authorize a photocopy of this release to be accepted with the same authority as the original, and if employed by Faithful Home Care Solutions, this release will remain in effect throughout such employment.

_____ Signature

_____ Date