

Phone: 630-545-9900 | Fax: 630-545-0966 www.cityhomecare.net

Home Phone: (	Employmen	nt Application Date Received:
Last)	Name (First):	Soc. Security No.:
Address:		
How is your driving record?:		
Home Phone:     Do you own a car?   Will you bring a car with.   Cell Phone:   Year   No   Type of Car.   Year   Year   No   Type of Car.   Year   Y		How is your driving record?:
Cell Phone: (		Do you own a car? Will you bring a car with you?
Martial Status: Single Marrisd Divorced Auto Insurance Company: Education:   Itight School   College Offer ourses/eartificates:   College Offer ourses/eartific		☐ Yes ☐ No ☐ Yes ☐ No
Martial Status: Single Marrisd Divorced Auto Insurance Company: Education:   Itight School   College Offer ourses/eartificates:   College Offer ourses/eartific		Type of Car: Year:
Have you even been convicted of a crime?		Auto Insurance Company:
Name and phone number of person to contact in case of an emergency:    Relationship to you:	Have you even been convicted of a crime? Yes No	<u> </u>
Name and phone number of person to contact in case of an emergency:    Relationship to you:	If yes, please explain:	Other courses/certificates:
What position(s) are you seeking? (Check all that apply.)   Companion	Name and phone number of person to contact in case of an	•
What position(s) are you seeking? (Check all that apply.)    Companion	_	Relationship to you:
Companion	DO 10uKnow foreign language	
Work days hours preferred: List bours you are willing to work.    Live In	Companion House Manager	
Live in   Mon.   Wed.   Fri.   Sun.     Come and Go   Tue.   Thur.   Sat.     Hourly/Daily Salary Range:		
Gome and Go	Work days/hours preferred: List hours you are willing to wo	ork
Hourly/Daily Salary Range:  WORK EXPERIENCE: List most recent first.  1) Employer: Home Phone:   Cell Phone:   E-mail:  Type of work:  Dates of employment: From		
WORK EXPERIENCE: List most recent first.  1) Employer:		
Discriptory   Cell Phone:   E-mail:	Hourly/Daily Salary Range:	
Home Phone: (	WORK EXPERIENCE: List most recent first.	
Type of work: Dates of employment: From	1) Employer:	
Dates of employment: From	Home Phone: () Cell Phone: (	) E-mail:
2) Employer: Home Phone: (	Type of work:	
Home Phone: (	Dates of employment: From	To
Home Phone: (	2) Employer:	
Dates of employment: From		
Background References Authorization    Background References Authorization   Background review, including criminal, credit report, and motor vehicle. I authorize each employer, reference, all investigative of credit agencies bureaus, police and motor vehicle department and other persons and institutions to supply and information concerning myself and my background and release them liability arising from such acts.    Full Name   Date   Dat	Type of work:	
Home Phone:	Dates of employment: From	To
Home Phone:	3) Employer:	
Type of work:  Dates of employment: From		
Dates of employment: From		
How did you hear about us?  I understand the information on this application has been requested for the purpose of qualifications for employment. The best of my knowledge, the information in this application is true. I understand that any false statement or answer now me in connection with my application may be a sufficient cause, in and of itself, for immediate discharge or denial employment whenever discovered. I also understand that West Care Inc. acts only as a placement service and assumes liability or responsibility for any actions from either the employee or the employer.    Background References Authorization		
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Background References Authorization  I,	the best of my knowledge, the information in this application by me in connection with my application may be a sufficient employment whenever discovered. I also understand that W	on is true. I understand that any false statement or answer made at cause, in and of itself, for immediate discharge or denial of Vest Care Inc. acts only as a placement service and assumes no
I,	Signature	Date
acting on its behalf to complete a background review, including criminal, credit report, and motor vehicle. I authorize each employer, reference, all investigative of credit agencies bureaus, police and motor vehicle department and other persons and institutions to supply and information concerning myself and my background and release them liability arising from such acts.  Full Name  Signature  Date	Background Refer	rences Authorization
acting on its behalf to complete a background review, including criminal, credit report, and motor vehicle. I authorize each employer, reference, all investigative of credit agencies bureaus, police and motor vehicle department and other persons and institutions to supply and information concerning myself and my background and release them liability arising from such acts.  Full Name  Signature  Date	I,	, hereby authorize West Care Inc. and any agent
Social Security Number Date	each employer, reference, all investigative of credit agencie persons and institutions to supply and information concerning	ding criminal, credit report, and motor vehicle. I authorize is bureaus, police and motor vehicle department and other
	Full Name	Signature
Date of Birth Address	Social Security Number	Date
	Date of Birth	Address

City

Drivers License Number

Zip

State