

Employment Application

Date Received: _____

Name (First): _____

Soc. Security No.: _____

(Last) _____

Date of Birth: _____

Address: _____

Drivers License No.: _____

How is your driving record? : _____

Home Phone: (____) _____

Do you own a car? Will you bring a car with you?

Cell Phone: (____) _____

Yes No Yes No

E-mail Address: _____

Type of Car: _____ Year: _____

Marital Status: Single Married Divorced

Auto Insurance Company: _____

Have you even been convicted of a crime? Yes No

Education: High School College

If yes, please explain: _____

Other courses/certificates: _____

Name and phone number of person to contact in case of an emergency:

Relationship to you: _____

Do You... Know foreign language _____

What position(s) are you seeking? (Check all that apply.)

- Companion House Manager
 Caregiver Domestic Couple

Work days/hours preferred: List hours you are willing to work.

Live In Mon. _____ Wed. _____ Fri. _____ Sun. _____

Come and Go Tue. _____ Thur. _____ Sat. _____

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 _____ To _____

2) Employer: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

Type of work: _____

Dates of employment: From _____ To _____

3) Employer: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

Type of work: _____

Dates of employment: From _____ To _____

How did you hear about us? _____

I understand the information on this application has been requested for the purpose of qualifications for employment. To the best of my knowledge, the information in this application is true. I understand that any false statement or answer made by me in connection with my application may be a sufficient cause, in and of itself, for immediate discharge or denial of employment whenever discovered. I also understand that West Care Inc. acts only as a placement service and assumes no liability or responsibility for any actions from either the employee or the employer.

Signature

Date

Background References Authorization

I, _____, hereby authorize West Care Inc. and any agent 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

Social Security Number

Date

Date of Birth

Address

Drivers License Number

City State Zip