

# Care Age Country Home, Inc.

## APPLICATION FOR EMPLOYMENT

Care Age Country Home, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, national origin, age, sex, disability, sexual orientation, Vietnam era military service, or any other basis on which discrimination is prohibited by federal, state, or local laws. No question on this application is intended to secure information to be used for such discrimination.

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
EMAIL:	PHONE NUMBER (        ):		
	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EMPLOYMENT QUESTIONS

POSITION DESIRED	DATE AVAILABLE TO WORK	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
REFERRED BY:      Temporary Agency <input type="checkbox"/> Advertisement <input type="checkbox"/> Other <input type="checkbox"/> _____ Employee (name) _____		

### EDUCATION

NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS COMPLETED	DIPLOMA OR DEGREE RECEIVED	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			
OTHER			

### Additional Professional Licenses and/or Certifications

Type of license held	Organization or State Issued	Date Issued	Expiration date	License No:
Type of license held	Organization or State Issued	Date Issued	Expiration date	License No:

## Employment History

Start with your current or most recent position: (please attach resume or separate sheet to list additional employment)

Company Name	Dates Employed		
Address (Street, City, State, Zip Code)	From:	To:	
	Phone	Start Wage	End Wage
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
Reason for leaving		May we contact for a reference: Yes No	

Company Name	Dates Employed		
Address (Street, City, State, Zip Code)	From:	To:	
	Phone	Start Wage	End Wage
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
Reason for leaving		May we contact for a reference: Yes No	

Company Name	Dates Employed		
Address (Street, City, State, Zip Code)	From:	To:	
	Phone	Start Wage	End Wage
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
Reason for leaving		May we contact for a reference: Yes No	

Company Name	Dates Employed		
Address (Street, City, State, Zip Code)	From:	To:	
	Phone	Start Wage	End Wage
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
Reason for leaving		May we contact for a reference: Yes No	

**REFERENCES** (Please give three references that are not relatives or employers)

NAME	COMPANY	ADDRESS, PHONE, EMAIL	YEARS ACQUAINTED
1.			
2.			
3.			

**ADDITIONAL INFORMATION**

Please list any other job-related information you think would be helpful to us in considering you for the position, such as any additional work experience, educational accomplishments, volunteer activities, professional organizations (offices held), publications, accomplishments, etc. (Exclude information indicative of race, color, religion, sex, age, marital status, national origin, disability, or veteran status.)

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**SIGNATURE AND AUTHORIZATION**

Acceptance of this application affords no assurance of eventual employment. If employed, you will be required to verify your ability to legally accept employment in the United States. For certain jobs, background investigations, to include contacting former employers, may be required. This application does not constitute a contract of employment. Employment and compensation can be terminated with or without notice, and with or without cause, at any time.

I have read the foregoing instructions and question and to the best of my knowledge my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that misrepresentation of any of the above may be cause for termination.

Signature of Applicant

Date