

# WholeCare Connections, Inc.

Whole Care *with* Our Whole Heart



## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

\_\_\_\_\_  
(Street, City, State & Zip Code)

Telephone: (check which number you prefer that we contact you)

Home \_\_\_\_\_ Business \_\_\_\_\_

Cell \_\_\_\_\_

E Mail Address \_\_\_\_\_

Position Desired: Professional Caregiver \_\_\_ Certified Nurse Technician \_\_\_

Administrative \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Shift: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

Date Available to begin: \_\_\_\_\_

Referral Source: Employment Agency \_\_\_ Newspaper Ad \_\_\_ Walk-in-Applicant \_\_\_\_\_

Employee Referral (name) \_\_\_\_\_ School/College \_\_\_\_\_

Other \_\_\_\_\_

Have you ever been employed by us? \_\_\_ Yes \_\_\_ No If "Yes", when?  
\_\_\_\_\_

Do you have a relative working here? \_\_\_ Yes \_\_\_ No If "Yes", who?  
\_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No

Educational Background (Print Name, City/State, Number of Years Completed and degree for each listing)

High School

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College

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Graduate School

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Trade, Business or other courses

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Extra Curricular Activities: \_\_\_\_\_

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Volunteer Activities: \_\_\_\_\_

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Other Interests:

Cooking\_\_\_ Reading\_\_\_ Sewing\_\_\_ Arts & Crafts \_\_\_

Gardening\_\_\_ Shopping\_\_\_ Sports\_\_\_ Outdoor Sports \_\_\_

Other

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# EMPLOYMENT HISTORY

The following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work background. If additional space is needed, attach a supplementary sheet.

Employer \_\_\_\_\_ Employed From \_\_\_\_\_ mo/yr  
Telephone \_\_\_\_\_ To \_\_\_\_\_ mo/yr

Starting Position \_\_\_\_\_

Address \_\_\_\_\_

Last Position \_\_\_\_\_

Other Position Held \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Duties

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Reason of Leaving

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Employer \_\_\_\_\_ Employed From \_\_\_\_\_ mo/yr  
Telephone \_\_\_\_\_ To \_\_\_\_\_ mo/yr

Starting Position \_\_\_\_\_

Address \_\_\_\_\_

Last Position \_\_\_\_\_

Other Position Held \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Duties

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Reason for Leaving \_\_\_\_\_

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# ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

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In responding to these inquiries, continue on a separate sheet of paper if you require additional space

1. May we contact your present employer? \_\_ Yes \_\_ No  
Please identify any exceptions and reasons for not contacting:

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2. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? \_\_ Yes \_\_ No  
If yes please explain \_\_\_\_\_

3. Have you ever been dismissed or forced to resign from any employment?

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## OTHER SPECIAL SKILLS

Describe any other special job-related skills or qualifications (e.g., foreign languages, computers, professional associations, etc.) that would support your application:

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## REFERENCES: (List three (3) Do not include relatives or former employers)

NAME	ADDRESS	PHONE NUMBER	HOW LONG KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## GENERAL INFORMATION

1. If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.?  Yes  No
  
2. If employment is offered, can you produce personal identification of a U.S. passport, a driver's license or photographic identification card issued by the State?  Yes  No
  
3. Are you over 21 years of age?  Yes  No Over 21?  Yes  No
  
4. Have you been convicted of felony within the last 10 years?  Yes  No  
(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.) If "yes" please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. If you are applying for a position involving evening or weekend work, can you fulfill such schedule requirements?  Yes  No  Not Applicable

# APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired. I acknowledge that my employment is contingent upon passing a thorough background investigation, including but not limited to, a criminal background check, personal and professional reference checks, a motor vehicle reports and elder abuse registry checks.

I hereby agree to submit to any lawful drug, polygraph, integrity or drug testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge.

I understand that if I am employed, ~~MY EMPLOYMENT IS TERMINABLE-AT-WILL~~, that I am not being employed for any specified time, and that this application is not and is not intended to be a contract for continued employment.

I understand that if I am employed, I will be required to sign an agreement which provides that the employer will own any inventions, improvements, patents, or trade secrets which relate in any way with my work as an employee.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identify and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

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EMPLOYMENT RECORD (For Office Use Only)

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Employment Status:  
(circle one)

Interviewed By/Date	Interviewed By/Date	Full-Time	Part-Time
Employment Date	Position/Title/Dept	Temp.	Other
Supervisor	Social Security #	Date of Birth	

IN CASE OF EMERGENCY OR ACCIDENT, whom shall we notify?

Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_