



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and program is available to all persons.

POSITION APPLIED FOR OR TYPE OF WORK DESIRED: _____ Date: _____

PERSONAL INFORMATION

Please Print

Name: _____
 Address: _____
 City, State & Zip _____
 Telephone Number: () _____ Type of employment desired: Full-Time Part-Time PRN
 Date available for work: _____ Referred by: Advertisement Employee Agency Other: _____

Are you able to meet the attendance requirements? Yes No
 Do you have any objection to working overtime if necessary? Yes No
 Can you travel if required by this position? Yes No
 Have you been previously employed by our organization? Yes No
 Can you submit proof of legal employment authorization and identity? Yes No
 If you are under 18, can you furnish a work permit if it is required? Yes No
 Do you currently have relatives who work for us? Yes No
 Have you ever been convicted of a crime (other than minor traffic violations)? Yes No
 If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number: _____

EMPLOYMENT HISTORY

Please provide all employment information for your past 4 employers starting with the most recent.

From	To	Employer	Telephone #
Job Title		Address	
Immediate Supervisor & Title		Job Summary	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final: \$ _____ per _____	
From	To	Employer	Telephone #
Job Title		Address	
Immediate Supervisor & Title		Job Summary	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final: \$ _____ per _____	
From	To	Employer	Telephone #
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From	To	Employer	Telephone #
Job Title		Address	
Immediate Supervisor & Title		Job Summary	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final: \$ _____ per _____	

EDUCATION

Name and Location of School		Circle Last Year Completed				Did you Graduate	Subjects Studied and Degree(s) Received
High School		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical Training		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Skills							

REFERENCES

Name	Telephone Number/Contact Info	Years Known

I hereby authorize Advance Care, LLC to contact, obtain, and verify the accuracy of information contained in this application & included on my resume from all previous employers, educational institutions, and references. I also hereby release from liability Advance Care, LLC and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I further agree that I will abide by all rules, regulations and policies of Advance Care, LLC and that failure to do so may be cause for termination.

I understand that it is the policy of Advance Care, LLC not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____