



Application for Employment

1919 South 40th Street, Suite 302, Lincoln, NE 68506
 Toll Free: 855-402-CARE(2273) • Fax: (402) 261-3963
 www.mycommunityhomecare.com

PERSONAL INFORMATION

Name _____ Are you a U.S. Citizen?*

Yes No *If no, please provide documentation

Present Address _____ Phone Number _____

Last First Middle Street City State Zip Code

Permanent Address _____ Phone Number _____

Street City State Zip Code

E-mail Address _____ Other Contact Number _____

EMPLOYMENT DESIRED

Type of Work Desired: Companion/Homemaker Aide

How did you learn of this opening? _____

Date Available _____

EDUCATION/TRAINING

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree or Certificate Received
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No / /	_____

Other Classes/Training _____				

Extracurricular activities while in school _____

Area of specialization or major interest _____

Professional organization membership, honors received, volunteer or community service, specialized training, or other qualifications you have which you feel are related to the position for which you are applying:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				Active
Type	Organization or State Issued	Date Issued	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type	Organization or State Issued	Date Issued	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type	Organization or State Issued	Date Issued	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY RECORD

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupation Specialty
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EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Dates Employed		
	From	/	To /
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description & Responsibilities:			
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Dates Employed		
	From	/	To /
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description & Responsibilities:			
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Dates Employed		
	From	/	To /
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description & Responsibilities:			
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Dates Employed		
	From	/	To /
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary
		\$	\$
Position Title	Immediate Supervisor's Name and Title		
Job Description & Responsibilities:			
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES

LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

Name and Relationship	Title	Company Name and Address	Telephone

Have you ever had any traffic violations? Yes No If so, for what, when and where? _____

Have you ever been convicted of a crime? Yes No If so, for what, when and where? _____

Have you ever been convicted of a felony and/or misdemeanor? * Yes No *Conviction of a criminal offense will not necessarily preclude your employment

AVAILABILITY INFORMATION		
Please indicate days and hours you are available for work (be specific please)		
Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired: _____

Will you accept another position? Yes No

If so, what? _____

Are you available to work:

Weekends Yes No

Holidays Yes No

Rotating Shifts Yes No

On Call Yes No

Community Home Care cannot guarantee a specific number of hours available for work.

Community Home Care requires drug testing prior to employment.

This business does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, veteran status, sexual orientation, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this business the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

I understand that a criminal background check and driving record check will be conducted prior to employment.

Applicant's Signature

Date

By typing or signing my name on the above signature line, I agree that this serves as my legally binding signature.