



Employment Application

An Equal Opportunity Employer

CARING WITH HONOR

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a non-related medical condition or disability. **All questions must be answered** and application signed. Any application that does not provide requested information will be automatically rejected.

Date of Application ___/___/___

Position(s) Applied for: Companion/Homemaker Personal Care Aide Both

Name: _____ Social Security Number ____-____-____
Last First Middle

Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____ How long at this address? _____

Previous Address: _____

City: _____ State: _____ Zip: _____ How long at this address? _____

Home Phone: _____ Cell Phone: _____

Cell Phone Carrier: (Verizon, US Cellular, Sprint, etc.) _____

What date are you available for employment? Date: _____

Type of employment desired: (check all that apply) Full time Part time Temporary

Are you able to work overtime if required? No Yes

Are you able to meet attendance requirements? No Yes

Are you eligible to work in the United States? No Yes (Proof of eligibility will be required)

Are you presently on layoff/subject to recall from a company? No Yes

If yes, please explain: _____

Have you ever been convicted of/or plead guilty to a crime (other than minor traffic violations)? No Yes

If yes, please explain: (give date, location, charge, etc.) _____

(Please note that in order to be hired by Caring with Honor, you must be Bondable.)

Do you have a valid driver's license? No Yes

Do you have current vehicle insurance? No Yes

Drivers' License Number: _____ State of Issue _____

Have you had any moving violations in the past 3 Years? No Yes

If yes, please describe _____

Do you have any relatives/friends currently employed by us? No Yes

If yes, please list names: _____

If you are under 18, can you furnish a work permit? No Yes



Educational Background:

Type of School	Name and City	How Many Years Attended	Graduated	Course or Major
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	
Post Graduate		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

Employment History:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer:	Phone:	<u>Dates Employed</u> Month & Year	Summarize the work performed and job responsibilities
		From To	
Address:			
Job Title:		Hourly Rate/Salary Starting	
Immediate Supervisor and Title:		\$ Per	
Reason for leaving:		Hourly Rate/Salary Final	
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ Per	

Employer:	Phone:	<u>Dates Employed</u> Month & Year	Summarize the work performed and job responsibilities
		From To	
Address:			
Job Title:		Hourly Rate/Salary Starting	
Immediate Supervisor and Title:		\$ Per	
Reason for leaving:		Hourly Rate/Salary Final	
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ Per	

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Job Title:		Hourly Rate/Salary Starting	
Immediate Supervisor and Title:		\$ Per	
Reason for leaving:		Hourly Rate/Salary Final	
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ Per	

Other skills, certifications and qualifications (including **explanation of any gaps** in employment):



References:

List name and telephone number of **three** business/work references that are not related to you whom have knowledge of your work ethic, experience and abilities.

Name	Phone	Years known	Relationship

Person to be contacted in case of an emergency:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Caring with Honor other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Caring with Honor.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Caring with Honor.

I give the employer and /or its' agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post-accident occurrences.

The employer, Caring with Honor, is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

NOTICE: This is to inform you that as part of processing your employment application, we may obtain a consumer report and/or an investigative report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of this notice and a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."

Applicant Printed Name _____ **Date** _____

Signature of Applicant _____

Return application to:
Caring with Honor, 3073 S Chase Ave, Suite 300. Milwaukee, WI 53207. Tel 414-585-8383. Toll Free 844-604-0463. Fax 414-755-4410