



Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. An application must be completed in full even if attaching a resume.

Position Applying for: _____ Date of Application: _____

Personal Information

Last Name First Name MI SSN

Present Address:

Street Address City State Zip How Long

Previous Address:

Street Address City State Zip How Long

Home Phone Cell Phone Other Phone

Are any of your relatives employed by this agency? Yes No If Yes, Who? _____

Have you ever worked for this agency before? Yes No If Yes, When? _____

Have you ever applied to this agency before? Yes No If Yes, When? _____

How were you referred? _____

General Information

Only U.S. Citizens are Aliens who have a legal right to work in the U.S. are eligible for employment. Can you upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you ever been convicted, pled guilty to, deferred adjudication or served probation for a crime or violation other than a minor traffic infraction? Yes No

Have you ever been discharged from any employment or asked to resign? Yes No

If yes, please explain: _____

Availability

Please check schedule availability:

- I am available and desire to work FULL TIME (40 hours) and do not have restrictions on my hours and days
- I am available and desire to work PART TIME (less than 40 hours)
- I am available PART TIME because: Student Other Job Other: _____
- I am available Perdiem

Hours available: Please indicate times available on which days. Work schedules are based on the needs of the business and may be subject to change.

Sun _____ Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____ Sat _____

Wage Expected: _____ Date Available for work: _____

Education

Type of School	Name and address of school	Major Subject	Graduated	Degree
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Business/Trade	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Personal or Business References

Name: _____ Phone: _____
Address: _____ Relationship _____
City, State, Zip: _____ How Long Known _____

Name: _____ Phone: _____
Address: _____ Relationship _____
City, State, Zip: _____ How Long Known _____

Name: _____ Phone: _____
Address: _____ Relationship _____
City, State, Zip: _____ How Long Known _____

Employment History

Begin with you most recent employer and continue with all past employment (additional sheet provided)

Name of Company:	From: MO/YR		Starting Salary:	
Address:	To: MO/YR		Ending Salary:	
City, State, Zip	Position:	Duties		
Phone Number:	Name and Title of Immediate Supervisor:			
Type of Business:	Reason for Leaving:			
Explain any period between jobs:				

Name of Company:	From: MO/YR		Starting Salary:	
Address:	To: MO/YR		Ending Salary:	
City, State, Zip	Position:	Duties		
Phone Number:	Name and Title of Immediate Supervisor:			
Type of Business:	Reason for Leaving:			
Explain any period between jobs:				

Name of Company:	From: MO/YR		Starting Salary:	
Address:	To: MO/YR		Ending Salary:	
City, State, Zip	Position:	Duties		
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Address:	To: MO/YR		Ending Salary:	
City, State, Zip	Position:	Duties		
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Type of Business:	Reason for Leaving:			
Explain any period between jobs:				

Name of Company:	From: MO/YR		Starting Salary:	
Address:	To: MO/YR		Ending Salary:	
City, State, Zip	Position:	Duties		
Phone Number:	Name and Title of Immediate Supervisor:			
Type of Business:	Reason for Leaving:			
Explain any period between jobs:				

Additional Experience or Qualifications

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

Attendance and Punctuality Information

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?

Notification and Agreement

I CERTIFY THAT ALL ANSWERS WGIWE BY ME ARE TURN, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of this company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any other characteristic protected by Federal, State, or Local Law.

I authorize the investigation of all statements and information contact in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature: _____

Date: _____

Interviewed by: _____

Disclosure to Employment Applicant

This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purpose.

By signing the release below, I hereby authorize Cameo Home Health Care (Cameo Caregivers) to contact any and all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to Cameo Home Health Care (Cameo Caregivers).

I release from all liability all persons, companies, schools, supplying such information. I indemnify Cameo Home Health Care (Cameo Caregivers) against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Printed Name: _____

Other names used: _____

Address: _____

City, State, Zip: _____

Date received degree (if applicable): _____

Date received license (if applicable): _____

Social Security Number: _____

Drivers License Number and State: _____

Signature of Applicant

Date

Certification by Applicant

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information, may result in my discharge.

I understand that Cameo Home Health Care reserves the right to require it's employees to submit a blood test, urinalysis or mouth swab for alcohol or drug screens. I understand that refusal to submit to a urinalysis or blood test may result in termination of my employment.

I understand that any employment relationship with this employer is "at will", which means that the employees may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by the President of the Company.

Applicant Signature

Date