



Application for Employment

Personal Information

Name		Social Security Number		
Present Address	Apt. #	City	State	Zip Code
Permanent Address (Leave blank if same as above)				
Are you 18 years old or older?		Yes	No	eMail Address _____
Telephone Number ()		Cell Phone ()		

Education

High School	City, State	Did you graduate? Year	
College	City, State	Did you graduate?	Major/Minor
Other Education	City, State	Did you graduate?	Major/Minor
Other Special Training and/or Certifications			

Former Employers (List three most recent employers starting with the most recent)

Name of Present/Most Recent Employer		City	State	Phone
Starting Date	Ending Date	Job Title		Final Salary
Supervisor's Name		May we Contact? Yes No	Reason for Leaving	
Name of Previous Employer		City	State	Phone
Starting Date	Ending Date	Job Title		Final Salary
Supervisor's Name		May we Contact? Yes No	Reason for Leaving	
Name of Previous Employer		City	State	Phone
Starting Date	Ending Date	Job Title		Final Salary
Supervisor's Name		May we Contact? Yes No	Reason for Leaving	

References(Three professional references required)

Name	City	State	Phone	Years Known
1				
2				
3				

Have you been convicted of a felony within the last 5 years?

YES

NO

Authorization

"I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or employment agency policy and procedure.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature

Date

CONSENT FORM FOR DISCLOSURE OF INFORMATION

Name: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____

State Issued: _____

Date of Birth: _____ / _____ / _____

Home Address: _____

City/State/Zip: _____

List Any Other Names Used over the past 10 years:

I hereby give consent for an investigative consumer report to be done on me for employment or tenant purposes. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, state repository, former employer, corporation, credit agency, educational institution, city, state, federal court, military institution, information service bureau, employer or insurance company contacted by Companions for Living, LLC to furnish any and all information required. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, motor vehicle and workers' compensation in accordance with the American with Disabilities Act. This report will include information as to my character work habits, performance and experience, along with the reasons for termination of past employment from previous employers. This releases the aforesaid parties from any liability and responsibility for collecting the above information at any time.

According to the Fair Credit Reporting Act (Law 91-508) SS 606: A person may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumers that an investigative consumer report including information as to his character, general reputation, personal characteristics and mode of living and employment history, whichever are applicable, may be made. I also understand that if I am denied employment or tenancy because of the consumer investigation, it is my right to have the name of the agency or agencies disclosed to me within the time allowed. This authorization in original or copy form shall be valid for this and any further reports or updates that may be requested.

Signed: _____

Date: _____

NOTES

REFERENCES

FOR OFFICE USE ONLY

BEFORE ORIENTATION

___ Complete interview

___ Criminal background check

___ DMV check

___ Reference Checks (see ref. names)

___ Previous Employer (ask: is this person eligible for re-hire)

___ ID to show eligibility to work in the USA (I-9)

REFERENCE NAMES

1. _____

2. _____

3. _____

ORIENTATION MATERIALS

___ Orientation booklet

___ Offer letter w/hourly rate

___ Non-compete agreement

___ Copies of all forms (6)
(federal tax, state tax, employ. Verification,
emergency contact, workers trust instructions
and signature)

___ Additional training unit quizzes