



Application for Employment

Date: _____

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen.

Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable opening. Upon employment, this application will become part of your personnel record with Loving Arms Elder Care Corporation.

Keep this in mind as you complete it. NOTE: Pennsylvania is an "At-Will State" meaning that the employer or employee can terminate employment at any time and no reason for termination is needed by either party. You are not required to supply any information that is prohibited by federal, state or local law.

Loving Arms Elder Care Corporation does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status or disability. You may request assistance in completing this application.

Last Name: _____

First Name: _____

MI: _____

Social Security Number: _____

Phone Number: _____

Address: _____

Address: _____

City: _____

State: _____

Zip: _____

Mailing Address: (if different from above)

Address: _____

City: _____

State: _____

Zip: _____

Emergency contact: _____

First Name: _____

Phone Number: _____

Have you ever worked for or applied for work with Loving Arms Elder Care? Yes No

Have you had any experience related to caregiving? Yes No

Nursing Home Family Friend Other _____

Are you currently certified as a CNA? Yes No (Certification is not required for employment with our company.)

Do you have any other certifications or licenses? Yes No If so, please list them in the space provided below.

Type of employment sought: Regular Full-time Regular Part-time Temporary As Needed

When are you available for work? Days Nights Weekends Holidays

Indicate hours you are available to work on the following days:

Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____

Are you available for live-ins? _____

If so, what days? _____

How did you hear about Loving Arms Elder Care?

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain _____

EMPLOYMENT HISTORY: Please list ALL PLACES OF EMPLOYMENT in chronological order, beginning with your current or most recent employer. Please request another reference page if needed.

_____ <i>Job Title</i>	_____ <i>Employer</i>
_____ <i>Address</i>	
_____ <i>City, State, Zip</i>	_____ <i>Phone Number</i>
_____ <i>Supervisor</i>	_____ <i>Dates Employed</i>
_____ <i>Reason for Leaving</i>	

Job Title

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City, State, Zip

Phone Number

Supervisor

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PERSONAL REFERENCES

1) _____
Name

Phone Number

2) _____
Name

Phone Number

3) _____
Name

Phone Number

I certify that all information is true and correct to the best of my knowledge and give Loving Arms Elder Care permission to check all previous places of employment and references listed above.

Signature

Date