

# Employment Application

## Availability: check all that you could work

Mon \_\_\_ Tues \_\_\_ Weds \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_  
Day hours \_\_\_ Evening hours (5-9P) \_\_\_ nights (9P-12MN) \_\_\_ overnights \_\_\_ live-in \_\_\_

Date of Application: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Type of Employment Desired:  Per Diem Number of Hours: \_\_\_\_\_  
 Part Time Number of Hours: \_\_\_\_\_  
 Full Time Number of Hours: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Language skills other than English (written/spoken)

Have you ever been employed here before? Yes or No If yes, when? \_\_\_\_\_

Are you legally eligible for employment in the US?  Yes  No

If not legal citizen: Do you have a green card?  Yes  No

Do you have a social security card?  Yes  No

Has your visa expired?  Yes  No

## REFERRAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad \_\_\_\_\_  Internet \_\_\_\_\_  
Which newspaper? Which site?

Current Employee \_\_\_\_\_  
We'd like to thank them

Other \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

# Elite Capital Care LLC

Elite Capital Care LLC an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

**Employment History - Please begin with your most recent or current place of employment.**

Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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**Education**    Name & Location    Course of Study    Years Completed    Date Graduated  
High School: \_\_\_\_\_  
College: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_  
Military Service  
Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Highest Rank Achieved: \_\_\_\_\_ Currently in a Reserve Unit? Yes / No  
Special Schooling and/or Duties: \_\_\_\_\_

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**Licenses and Certifications**

License or Certification	ID Number	Expiration Date	State
1. _____			
2. _____			
3. _____			

**Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.**

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes     No    if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the HCO permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

\_\_\_\_\_  
Employee Candidate Signature

\_\_\_\_\_  
Date

**Reference Form #1**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The individual listed below has applied for a position with Elite Capital Care LLC

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle initial

The position being applied for is:

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**Reference Form #2**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The individual listed below has applied for a position with Elite Capital Care LLC

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle initial

The position being applied for is:

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