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| --- | --- |
| Applicant Information |  |
| Last Name | First |  | M.I. | Date |
| Street Address |  |  Apartment/Unit # |
| City: | State: |  | Zip: |
| Phone: | E-mail: |  |
| Date Available: | Social Security No. | Desired Salary: |
| Position Applied for: |  |
| Shift: AM[ ]  PM[ ]  NOC[ ]  |  |
| Are you available to work weekends? Yes [ ]  No[ ]  |  |
| Employment desired: [ ]  PART-TIME ONLY [ ] FULL-TIME ONLY [ ] ON-CALL |  |
| Are you legally eligible to work in the U.S.? Yes No  |  |
| Have you ever worked for this company? Yes No If yes, when?  |  |
| Have you ever been convicted of a felony? Yes No If yes, explain. |  |
|  What languages do you speak? |  |
| Do you have a reliable vehicle? |  |
| Education |  |  |
| High School |  | Address |
| From To | Did you graduate? |  Yes No  | Degree |
| College |  | Address |
| From To | Did you graduate? |  Yes No  | Degree |
| Other |  | Address |
| From To | Did you graduate? |  Yes No  | Degree |
| Employment History |  |  |  |
| Company |  |  |  | From | To |
| Address |  |  | Phone # |  |
| Supervisor |  |  | Responsibilities |  |
| May we contact? |  Yes  |  No  |  |  |
| Company |  |  |  | From | To |
| Address |  |  | Phone # |  |
| Supervisor |  |  | Responsibilities |  |
| May we contact? |  Yes  |  No  |  |  |
| Company |  |  |  | From | To |
| Address |  |  | Phone # |  |
| Supervisor |  |  | Responsibilities |  |
| May we contact? |  Yes  |  No  |  |  |

|  |  |
| --- | --- |
| References |  |
| Full Name | Relationship |
| Company | Phone # |
| Address |  |
| Full Name | Relationship |
| Company | Phone # |
| Address |  |
| Full Name | Relationship |
| Company | Phone # |
| Address |  |

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| Do you currently have a CNA certification? [ ] **YES**  [ ] **NO** |  |

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| Disclaimer and Signature |
| This is a no lift facility, and you acknowledge that if you lift any resident at the facility, Dani’s Helping Hands, Inc. is not liable for the cost of injury, time of work, or any cost associated with you not following our no lift policy.I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsifying information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you with all information concerning my previous employment, education and qualifications. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company’s sole option and without prior notice to me. |
| Signature | Date |