



## EMPLOYMENT APPLICATION

- Please read “Applicant Note” below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- Application will be valid and kept on hand for 60 days.

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment with Home Care Solutions, LLC. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for termination the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

### PERSONAL INFORMATION

Today’s Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Drivers’ License # and Expiration Date \_\_\_\_\_

Other Names or Social Security Numbers Previously Used:

\_\_\_\_\_  
Last First Middle Social Security Number

\_\_\_\_\_  
Last First Middle Social Security Number

Emergency Contact(s) \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

How did you hear about Home Care Solutions? \_\_\_\_\_

Have you ever pled "guilty", "no contest", or been convicted of a crime? Yes \_\_\_ No \_\_\_

If yes, please give details: \_\_\_\_\_

**Summarize Your Special Skills or Qualifications:**

**Previous Employment (begin with most recent position)**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position Held \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer as a reference? Yes \_\_\_ No \_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position Held \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

May we contact this employer as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position Held \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

May we contact this employer as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am offered employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that background screening is a requirement for this position and agree to a background screening fee of \$25.00, to be deducted from my first 2 paychecks in the amount of \$12.50.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_