

ElderCare Inc./ Home Services

1121 Washington St., PO Box 1364, Great Bend, KS 67530-1364

620-792-5942

Date interviewed _____

Application for Employment

Date hired _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone _____ Cell _____ Social Security # _____

Position(s) applying for _____ Rate of pay expected _____ / hour

Were you previously employed by us? _____ Are you legally eligible for employment in the USA? _____

If you were offered this job, on what date would you be available for work? _____

Current Licenses: CNA ____ CMA ____ LPN ____ RN ____ other ____

Are there any other experiences, skills, or qualifications which you feel would especially prepare you for work with our organization? _____

Can you work: Full Time ____ Part-Time ____ Shift work ____ Temporary ____

Specify hours you can work:

	<i>Daytime hours</i>	<i>Evening hours</i>	<i>Through the Night</i>
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

How will you get to work? _____ Can you travel if the job requires it? _____

REFERENCES (Not Former Employers or Relatives)

(Make sure you ask these people first)

Name	Occupation	Known for how long	Relationship	Address	Phone #
1					
2					
3					

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the director of this organization.

I certify that all statement herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature _____ Date: _____

List below all present and past employment, beginning with your most recent

Name and Address of Company and type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
1									
Telephone									

Name and Address of Company and type of Business	From		To		Describe the work you did	Weekly Starting	Weekly Last	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
2									
Telephone									

Name and Address of Company and type of Business	From		To		Describe the work you did	Weekly Starting	Weekly Last	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
3									
Telephone									

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate	List Diploma or Degree
Elementary			5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			6		
			7		
			8		
High School			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2		
			3		
			4		
College			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2		
			3		
			4		
Other(Specify)					

EOE, Notice of Non-Discrimination: Applicants for employment are hereby notified that ECI/Friendship Meals does not discriminate because of race, color, national origin, political belief, sex, age, or handicap in employment or treatment of employees. Any complaint should be directed to Executive Director, ElderCare Inc., Box 1364 Great Bend, KS 67530-1364