

Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Applicant Information			
Name			Date
Street Address			
City		State	ZIP
Home Phone		Cell Phone	SSN
Email Address			

Emergency Contact		
Name		Home Phone
Address		
		Cell Phone
		Relationship

I am applying for the following position(s):	
<input type="checkbox"/> CNA <input type="checkbox"/> PCA <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Other _____	
Have you ever worked for Freedom Day Center before?	If yes, please give dates and reason left.
<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever been convicted of a felony?	If yes, please provide details.
<input type="checkbox"/> yes <input type="checkbox"/> no	

Availability & Salary Requirement			
<input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call	Salary Requirement Per Hour: \$ _____	Are you willing to work overtime as necessary? <input type="checkbox"/> yes <input type="checkbox"/> no Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? <input type="checkbox"/> yes <input type="checkbox"/> no	
Number of hours you would like to work per DAY	Number of hours you would like to work per WEEK	Times you are available to work	Any times not available to work
How did you hear about this position? (Please specify the name of newspaper, agency, etc.)			
<input type="checkbox"/> Newspaper: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Employee Referral: _____		<input type="checkbox"/> Job Fair: _____	
<input type="checkbox"/> Agency: _____		<input type="checkbox"/> School/College: _____	

Skills Please indicate whether you have assisted with or performed the following tasks.

Elder Care

Toileting Assistance	<input type="checkbox"/> yes <input type="checkbox"/> no	Bathing/Dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Transfer Assist	<input type="checkbox"/> yes <input type="checkbox"/> no
Activities	<input type="checkbox"/> yes <input type="checkbox"/> no	Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Feeding Assistance	<input type="checkbox"/> yes <input type="checkbox"/> no

Education

High school	City/State	Graduation Date
College	City/State	Dates
Other	City/State	Dates

CNA Certificate GA Nurse Aide Registry # _____ Expiration Date: _____

LPN License # _____ Expiration Date: _____

CPR/First Aid Certification# _____ Expiration Date: _____

Degrees/certificates

Special skills or courses

Elder Care Experience **ANSWERS ARE REQUIRED FOR ALL QUESTIONS!!**

Discuss any training or experience working with the elderly and/or disabled. (i.e. Alzheimer's, Bed-Bound, Hospice, Mentally Handicapped)

What would you like most about working with the elderly and/or disabled?

What would you like least about working with the elderly and/or disabled?

Employment History

**FIVE YEARS OF EMPLOYMENT HISTORY IS REQUIRED.
PLEASE FILL OUT COMPLETELY.**

Start with the most current employer and work backwards. Attach separate sheet if you need more space.

May we contact your current employer? yes no

<u>Most current Company</u>	From	To
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Job title	Reason left
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Duties

Supervisor	Phone	Hourly Rate/Salary Starting: Ending:
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<u>Company</u>	From	To
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Job title	Reason left
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Duties

Supervisor	Phone	Hourly Rate/Salary Starting: Ending:
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<u>Company</u>	From	To
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Job title	Reason left
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Duties

Supervisor	Phone	Hourly Rate/Salary Starting: Ending:
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<u>Company</u>	From	To
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Job title	Reason left
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Duties

Supervisor	Phone	Hourly Rate/Salary Starting: Ending:
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Explain any gaps in work history here.
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What personal qualities or assets do you have that would make you a valuable employee?

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? yes no If yes, identify name and relevant dates:

Name:	Relevant Date:
Name:	Relevant Date:
Name:	Relevant Date:
List any relatives who are currently employed by us:	
Name:	Relationship
Name:	Relationship
Name:	Relationship

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that I am required to abide by all rules and regulations of Freedom Day Center. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination.

I understand that if I am hired I will be subject to a ninety (90) day introductory period. Freedom Day Center is an at-will employer, which means that the employment relationship can be ended at anytime by the employer or the employee with or without notice.

Signature	Date
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