|  |  |
| --- | --- |
| G:\Policy & Procedure\Logos\tlc picture 002.jpg | Tender Loving Care Home Care Inc. |

# Employment Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email | : |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |
| --- | --- |
| Position Applied for: |  |

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name/No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized 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: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

**Please list three professional references.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: | |  | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |

## Previous Employment

**Please provide a five (5) years work history starting with present or most recent employer.**

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | OR NO |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

You MUST have a cellular telephone, home telephone, and reliable transportation.

You MUST be available one (1) weekend per month at ALL TIMES to maintain employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

# 

# Tender Loving Care Home Care Inc.

## Employee Check List

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Information | | | | | | | |
| Name Of Employee Being Reviewed: | |  | Your Name (Optional): | | |  |
| Date: | Hired Date: | | | Job Title: |  | |
|  | | | | | | | |
| work availability | | | | | | | |
| ( )Monday\_\_\_\_\_\_\_\_\_\_\_  ( )Tuesday\_\_\_\_\_\_\_\_\_\_  ( )Wednesday\_\_\_\_\_\_\_\_  ( )Thursday\_\_\_\_\_\_\_\_\_\_  ( )Friday\_\_\_\_\_\_\_\_\_\_\_\_\_  ( )Saturday\_\_\_\_\_\_\_\_\_\_\_  ( )Sunday\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| office use only | | | | | | | |
| |  |  | | --- | --- | | Documentation  Expiration Date |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Copy of Driver’s License | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | CNA Certification, Nursing License or PCA Test | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Copy of Automobile Insurance | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | CPR Certification | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | First Aid Certification | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | TB or Chest X-Ray results | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Copy of Social Security Card | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Criminal Background | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | MVR | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Drug Screening | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   Additional Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Orientation completed\_\_\_\_\_\_\_\_\_\_\_\_  Name Badge given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reference Check completed\_\_\_\_\_\_\_\_ | | | | | | | |