





**Employment Application  
(continues)**

DO YOU HAVE A CURRENT DRIVER'S LICENSE?  Yes  No (If yes, please have staff member make a copy.)

Do you have means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  
Expiration date \_\_\_\_\_

**Typing**  Yes  No \_\_\_\_\_ WPM      **10-key**  Yes  No      **Word Processing**  Yes  No \_\_\_\_\_ WPM

**Personal Computer**  Yes  No      PC       Mac       Other \_\_\_\_\_  
Skills \_\_\_\_\_

Please list two references other than relatives.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for additional information.



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(continues)**

	<b>MILITARY</b>	
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty _____ Date Entered _____ Discharge Date _____		

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets or resume if necessary.**

Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
Your last job title: _____			
Reason for leaving: _____			
Duties performed:			

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Reason for leaving: _____			
Duties performed:			

May we contact your present employer?     Yes     No

If not, why: \_\_\_\_\_  
\_\_\_\_\_



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**PLEASE READ CAREFULLY**

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**APPLICATION RELEASE OF INFORMATION**

In exchange for the consideration of my job application by Guardian In-Home Care, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Guardian In-Home Care, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Manager /Administrator of the Company. If employed, I understand that the Company may unilaterally change or revise their benefits, and policies and procedures as to fit the company's growth and continued success.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examination, and annual TB testing or current chest x-ray record.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



**AFFIRMATION RE: NO HISTORY OF MISCONDUCT**

Guardian In-Home Care, LLC, is required and expected to protect its clients and their family. We are mandated by the Georgia Department of Community Health Healthcare Facility Regulation Division to abide by all regulatory requirements. We are committed to the integrity of our company therefore a signed Affirmation regarding “No History of Misconduct” must be signed at the time of completion of employment application.

I, \_\_\_\_\_, affirm that I have never shown by

(Please Print)

credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidences by this signed statement and results of a criminal background test.

**\*\*If falsification of this statement is found after a criminal background is conducted, your application for employment will be denied.**

**(Applicant’s Signature):** \_\_\_\_\_

**(Date):** \_\_\_\_\_