

APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For (Direct support Caregiver, RN, Secretary, Manager, etc.) _____ Today's Date ____ / ____ / ____

Are you seeking: Full-time · Part-time · Temporary · employment? When could you start work? _____

Form with fields for Last Name, First Name, Middle Initial, and Telephone Number.

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 year of age or older? Yes · No · (If you are hired you may be required to submit proof of age.)

Social Security # _____ - _____ - _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes · No ·

Have you ever applied here before? Yes · No · If yes, when? _____

Were you ever employed here? Yes · No · If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes · No ·

If yes, give details: _____ (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes · No ·

If yes, please explain: _____

For Driving Jobs Only: Do you have a valid driver's license? Yes · No ·

Driver's License Number _____ State of License: _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes · No ·

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal age over 40, race, sex, color, religion, national origin, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS

# of Years	Diploma/	Subjects	Completed	Degree/ Certificate	Studied
High School or GED _____			_____	_____	_____
College or University _____			_____	_____	_____
Vocational or Technical _____			_____	_____	_____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

Initials: _____

What is your email address:

Name and phone number of your emergency Contact:

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM	TO
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM	TO
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM	TO
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$
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ADDRESS	DATES OF EMPLOYMENT: FROM	TO
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other name? Yes · No ·
 If yes, give names : _____

Are you presently employed? Yes · No ·
 If yes, may we contact your present employer? Yes · No ·

Have you ever been fired from a job or asked to resign? Yes · No ·
 If yes, please explain : _____

REFERENCES

Give three references, that are not your relatives

Name	Address	Phone
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PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____

Date ____/____/____

This application for employment will remain active for a limited time. Ask the organization representative for details.

Initials: _____

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Favored Angels Inc..

Type of Transportation you have / will use for home visits: _____

Do you have any allergies that would affect your work at FAVORED ANGELS INC.? No. Yes.
If yes, please list here: _____

Do you have a problem working with a client who smokes? No. Yes

How many hours are you willing to work per week? _____

Please Check (X) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Initials: _____

FAVORED ANGELS INC. TELEPHONE REFERENCE CHECK FORM - # 1

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of first Professional Reference To Be Contacted _____ Title _____

Company Name _____ Phone (____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Favored Angels Inc., Inc.

Applicant Signature _____ Date ____/____/____

******FOR OFFICE USE ONLY**

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: ____/____/____

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).

FAVORED ANGELS INC. TELEPHONE REFERENCE CHECK FORM - # 2

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of second Professional Reference To Be Contacted _____ Title _____

Company Name _____ Phone (____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Favored Angels Inc., Inc.

Applicant Signature

_____/_____/_____
Date

******FOR OFFICE USE ONLY**

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

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If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: _____/_____/_____

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).