



Email: info@beaconhomecare.com

www.beaconhomecare.com

Employment Application

NOTE TO APPLICANT: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. All qualified applicants will receive consideration without discrimination because of sex, gender, marital status, pregnancy, religion, race, age, national origin, disabilities, and sexual orientation. Testing for the presence of illegal drugs may be required prior to employment.

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available				Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have a valid Driver License?		YES	NO	DL #	
Do you have your own car?		YES	NO	Do you have insurance?	YES NO
Are you willing to use your car to transport clients on errands and appointments?				YES	NO

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you complete?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program

EMERGENCY CONTACT	
Name	
Contact Info.	
Relationship	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship

Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
Unemployed for 6 months or longer?	

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.	
Signature	Date

ADDITIONAL INFORMATION

(Attach to Signed Application for Employment Form)

Applicant's Name: _____ Application Date: _____

AVAILABILITY:

Please check the type of work you prefer:

Full-time Part-time Days Evenings Overnight Live-In

When are you available to begin work? _____

How many hours per week do you want to work? _____

Please check the days and indicate the time you are available for work:

<input type="checkbox"/> Monday	Times: _____
<input type="checkbox"/> Tuesday	Times: _____
<input type="checkbox"/> Wednesday	Times: _____
<input type="checkbox"/> Thursday	Times: _____
<input type="checkbox"/> Friday	Times: _____
<input type="checkbox"/> Saturday	Times: _____
<input type="checkbox"/> Sunday	Times: _____

Are you able to provide service to a male client? Yes No

Are you able to provide service to a female client? Yes No

Please check the following services you are willing to provide:

<input type="checkbox"/> Companionship	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Walking Assistance	<input type="checkbox"/> Dressing Assistance	<input type="checkbox"/> Laundry
<input type="checkbox"/> Transportation	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Errands	<input type="checkbox"/> Housecleaning	<input type="checkbox"/> Pet Care

Please indicate any reservations about providing service to a client with a pet(s): _____

Would it bother you to provide service to a client who smokes? Yes No

CERTIFICATIONS:

SECURITY: As a condition to employment all employees must be "Bondable."

List states and counties of residence for the past seven years: _____

Have you had any moving traffic violations? If so, please describe: _____

Have you used any names or Social Security Numbers other than those on this application? If so, please list. _____

Have you ever been convicted of a felony and/or misdemeanor in the past seven years? If so, please describe below.

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statement made by me are complete and true to the best of my knowledge. 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.

Signature

Date