

EMAIL ADDRESS: _____

BSA COMPASSION HOME CARE

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY: ANSWER ALL QUESTIONS; PRINT CLEARLY IN INK

PERSONAL

TODAY'S DATE: _____ POSITION YOU ARE SEEKING (circle) AIDE LVN RN CLERICAL

LAST NAME: _____ FIRST: _____ MIDDLE: _____

SOCIAL SECURITY #: _____ MAY WE CONTACT YOU AT WORK? YES ☐ NO ☐

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LAST ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____ RE YOU OVER 18? YES ☐ NO ☐
(IF HIRED YOU MAY BE REQUIRED TO SUBMIT PROOF OF AGE)

HAVE YOU WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? _____

IF HIRED CAN YOU FURNISH PROOF OF ELIGIBILITY TO LEGALLY WORK IN THE UNITED STATES? _____

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST TO, A FELONY OFFENSE? YES ☐ NO ☐

FOR PURPOSES OF EMPLOYMENT WITH BSA COMPASSION HOME CARE, "CONVICTIONS" INCLUDE SENTENCED TO CONFINEMENT, PAID FINE, TIME SERVED, PLACED ON PROBATION (INCLUDING DEFERRED ADJUDICATION) AND COURT- ORDERED RESTITUTION.

NAMES OF RELATIVES EMPLOYED BY THIS COMPANY? _____

RELATIONSHIP: _____ POSITION OR DEPARTMENT: _____

HOW DID YOU LEARN OF THIS POSITION? ADVERTISEMENT ☐ WALK-IN ☐ REFERRAL ☐

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY BSA COMPASSION HOME CARE? NO ☐ YES ☐

IF YES, WHEN? _____

EDUCATIONAL RECORD

HIGH SCHOOL: _____ CITY: _____ LAST GRADE COMPLETED: _____

COLLEGE: _____ CITY: _____ DEGREE/MAJOR DATE: _____

IF ATTENDED BUT DIDN'T GRADUATE, HOURS COMPLETED _____

COLLEGE: _____ CITY: _____ DEGREE/MAJOR DATE: _____

IF ATTENDED BUT DIDN'T GRADUATE, HOURS COMPLETED _____

OTHER EDUCATION, SPECIAL COURSES OR ACADEMIC HONORS: _____

EMAIL ADDRESS: _____

PROFESSIONAL LICENSES/CERTIFICATION

TYPE: _____ NUMBER: _____ STATE: _____
DATE ISSUED: _____ EXPIRES ON: _____

TYPE: _____ NUMBER: _____ STATE: _____
DATE ISSUED: _____ EXPIRES ON: _____

LIST ANY PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER (OMIT ANY WHICH INDICATE SEX, RACE, RELIGION, NATIONAL ORIGIN OR DISABILITY) _____

U.S. MILITARY EXPERIENCE

DATES OF ACTIVE DUTY: FROM _____ TO _____ BRANCH: _____
INITIAL RANK: _____ FINAL RANK: _____
SERVICE SCHOOLS ATTENDED: _____
SPECIALTY NATURE OF DUTIES: _____

HEALTH

IF HIRED, WOULD YOU BE WILLING TO TAKE A PHYSICAL EXAM OR SUBSTANCE/DRUG TEST?
YES NO IF NO, EXPLAIN _____

SKILLS

TYPING SPEED (LAST DATE TESTED) _____ 10 KEY BY TOUCH? _____
PBX (TYPE OF SYSTEM) _____ OTHER KNOWLEDGE, FOREIGN LANGUAGE OR SKILL
YOU POSSESS OR EQUIPMENT YOU CAN OPERATE: _____

JOB INTEREST

DATE AVAILABLE: _____ SALARY DESIRED: _____
HOURS/SHIFT AVAILABLE: _____
ARE YOU AVAILABLE FOR:

	YES	NO		YES	NO		YES	NO
FULL TIME	<input type="checkbox"/>	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>	<input type="checkbox"/>	ON CALL	<input type="checkbox"/>	<input type="checkbox"/>
DAYS	<input type="checkbox"/>	<input type="checkbox"/>	EVENINGS	<input type="checkbox"/>	<input type="checkbox"/>	NIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
WEEKENDS	<input type="checkbox"/>	<input type="checkbox"/>						

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER FIRST-EXPLAIN ANY LAPSES IN EMPLOYMENT BETWEEN JOBS. LIST LAST TEN YEARS EMPLOYMENT HISTORY, INCLUDING SUMMER AND PART TIME POSITIONS WHILE IN SCHOOL.

PRESENT OR MOST RECENT EMPLOYER: _____ MAY WE
CONTACT? YES ☐ NO ☐ PHONE NUMBER: _____ FULL TIME ☐ PART TIME ☐
ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____
JOB TITLE: _____ IMMEDIATE SUPERVISOR: _____
EMPLOYED FROM _____ TO _____ NATURE OF DUTIES: _____
SALARY/WAGES START _____ END _____ REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ MAY WE CONTACT? YES ☐ NO ☐
PHONE NUMBER: _____ FULL TIME ☐ PART TIME ☐
ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____
JOB TITLE: _____ IMMEDIATE SUPERVISOR: _____
EMPLOYED FROM _____ TO _____ NATURE OF DUTIES: _____
SALARY/WAGES START _____ END _____ REASON FOR LEAVING: _____

EMAIL ADDRESS: _____

ANY UNEMPLOYMENT INTERVALS? EXPLAIN AND LIST DATES: _____

REFERENCES (Non- Relatives)

NAME	EMPLOYED WHERE	BUSINESS PHONE	RELATIONSHIP

DESCRIBE TYPE OF WORK FOR WHICH YOU ARE BEST QUALIFIED: _____

COMMENTS: Include any information that you feel should be included to further describe your qualifications. (Exclude any information which would indicate sex, race, religious creed, national origin, ancestry or disability.) _____

READ CAREFULLY BEFORE SIGNING:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, **FALSIFIED OR MISLEADING STATEMENTS OR MATERIAL OMISSION OF FACTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.**

I authorize investigation of all statements contained herein and the references listed above (as well as other sources at management's discretion, including those related to character and credit records) to give you any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that any job offer may be conditional upon information obtained after the offer is made. I understand that employment with this company is "AT WILL", which means that (if hired) my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice, and with or without explanation or reason. Wages will cease immediately upon termination.

I agree to immediately notify BSA COMPASSION HOME CARE if I am convicted of, receive deferred adjunction in, or otherwise plead guilty or no contest to a felony, or any other crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

DATE: _____

SIGNATURE: _____