



# Essential Companion

Care Service

## EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer, dedicated to non-discrimination and non-indifference based upon age, race, sex, religion, disability, medical condition, marital status, and national origin.

Position applying for: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Are you able to work in the United States? \_\_\_\_\_ Do you have a valid driver's license? \_\_\_\_\_  
Proof of eligibility will be required before hired. Driver's License # \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What date are you available to start work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired? Full Time:  Part Time:  Temporary:  Seasonal:

Are you available to work nights and weekends? \_\_\_\_\_ Requested Hours: From \_\_\_\_\_ To \_\_\_\_\_

Days you are available: Sun: \_\_\_\_ Mon. \_\_\_\_ Tues: \_\_\_\_ Wed: \_\_\_\_ Thurs: \_\_\_\_ Fri: \_\_\_\_ Sat: \_\_\_\_

Are you available to be on-call? \_\_\_\_\_ Do you have reliable transportation? \_\_\_\_\_

Skills and Qualifications: Please list all skills, awards, licenses, training, and certificates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EDUCATIONAL BACKGROUND**

High School: \_\_\_\_\_ State: \_\_\_\_\_ Graduated? \_\_\_\_\_ Major: \_\_\_\_\_  
Vocational: \_\_\_\_\_ State: \_\_\_\_\_ Graduated? \_\_\_\_\_ Major: \_\_\_\_\_  
University: \_\_\_\_\_ State: \_\_\_\_\_ Graduated? \_\_\_\_\_ Major: \_\_\_\_\_  
University: \_\_\_\_\_ State: \_\_\_\_\_ Graduated? \_\_\_\_\_ Major: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Person to be contacted in case of an emergency: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_



## PERSONAL REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PROFESSIONAL REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Association: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Association: \_\_\_\_\_

## INFORMATION FOR THE APPLICANT

I certify that the facts contained in this application are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered later.

I understand that if employed, my employment is not guaranteed for any term and my employment may be terminated by the employer or myself at any time for any reason with or without notice.

**NOTICE:** As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. If hired, you agree not to share information pertaining to clients or the company that is not used for marketing or promotional purposes. I hereby understand and agree to the information shown above.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### FOR OFFICE USE ONLY:

