

## EMPLOYMENT APPLICATION

Please print in black or blue ink, or type. All sections of this application are to be completed in full. Attaching a resume does not constitute a completed application.

| GENERAL DATA  |  |             |                          |              |  |          |
|---|--|-------------|--------------------------|--------------|--|----------|
| Last Name:  |  | First Name: |                          | Middle Name: |  |          |
| Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |             |                          |              |  |          |
| If yes, please specify for purposes of a reference check:                                 |  |             |                          |              |  |          |
| Present Address:  |  | Number      | Street                   | City         | State  | Zip Code |
| Years at Above Address  |  |             | Contact Number<br>(    ) |              |  |          |
| Position Applying For   |  |             |                          |              | Date of Application  |          |
| Full Time or Part Time  |  |             | Shift or Hours Preferred |              |  |          |
| Drivers License Number  |  |             | Expiration Date          |              | Class B <input type="checkbox"/> Yes <input type="checkbox"/> No |          |

Are you over 21?  Yes  No

Due to the nature of employer's business as a 24 hour per day provider of care do you have any other potential scheduling conflicts and/or commitments?  Yes  No

Please tell us why you feel you are qualified for the position which you are applying for?

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| PERSONAL DATA                                     |  |                                   |        |                                  |       |          |
|---|--|-----------------------------------|--------|----------------------------------|-------|----------|
| Person to notify in case of an Emergency:         |  | Name                              |        | Contact Number<br>(    )         |       |          |
| Present Address                                   |  | Number                            | Street | City                             | State | Zip Code |
| <i>How did you learn of this job opening?</i>     |  |                                   |        |                                  |       |          |
| <input type="checkbox"/> Advertisement            |  | <input type="checkbox"/> Friend   |        | <input type="checkbox"/> Walk-In |       |          |
| <input type="checkbox"/> PLYS Employee Name _____ |  | <input type="checkbox"/> Relative |        | <input type="checkbox"/> Other   |       |          |

Have you had a moving violation and/or accident in the last three years?  Yes  No  
 If yes, how many incidents? Please explain each incident:

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Has your license been suspended or revoked in the last three years?  Yes  No  
If yes, please explain:

Have you been convicted of reckless driving or driving under the influence during the last 7 years  Yes  No  
If yes, please explain:

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN:  
(1) a marijuana-related conviction that occurred more than two years ago; and (2) an offense for which you were referred to, and participated in,  
any pre-trial or post-trial diversion program?  Yes  No

If yes, please state the date of conviction, the county and state, and the nature of the offense.

**NOTE:** An affirmative response to this question will not result in your automatic disqualification for employment.

|   |  |
|---|--|
| Other Training/Skills (include bilingual ability if relevant to the position for which you are applying):<br>_____<br>_____ |  |
| Branch of Military Service:   | State Dates:<br>From:                      To: |
| State relative skills acquired during military service:<br>_____<br>_____   |  |

## **OFFICE SKILLS**

**PLEASE RATE FROM 1-5 YOUR LEVEL OF KNOWLEDGE IN:**

MICROSOFT OFFICE \_\_\_\_\_

MICROSOFT WORD \_\_\_\_\_

EXCEL \_\_\_\_\_

## **PROFESSIONAL APPLICANTS ONLY**

|   |                  |                                  |        |
|---|------------------|----------------------------------|--------|
| Professional License Number and/or Certifications | Expiration Date: | Type of License (if applicable): | State: |
|---|------------------|----------------------------------|--------|

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position?  Yes  No

If yes, please explain:

| <b>EDUCATION</b>       |                    |                |  |
|------------------------|--------------------|----------------|--|
|                        | <b>HIGH SCHOOL</b> | <b>COLLEGE</b> | <b>TRADE, PROFESSIONAL SCHOOL OR OTHER</b> |
| <b>Name</b>            |                    |                |  |
| <b>Address</b>         |                    |                |  |
|                        |                    |                |  |
| <b>Number of Years</b> |                    |                |  |
| <b>Course or Major</b> |                    |                |  |
| <b>Diploma/Degree</b>  |                    |                |  |

| <b>WORK EXPERIENCE</b>                                 |  |                           |              |                         |
|--|--|---------------------------|--------------|-------------------------|
| Last/Present Employer                                  |  | Length of Service (Dates) |              | <b>Duties Performed</b> |
| Address  |  | <u>Start</u>              | <u>Leave</u> |                         |
| Telephone Number(s)                                    |  |                           |              |                         |
| Supervisor's Name and Position                         |  | Hourly Rate/Salary        |              |                         |
| Your Job Title   |  | <u>Starting</u>           | <u>Final</u> |                         |
| Reason For Leaving                                     |  |                           |              |                         |
| May we contact now? ___ Yes ___ No (If still employed) |  |                           |              |                         |
| Employer   |  | Length of Service (Dates) |              | <b>Duties Performed</b> |
| Address  |  | <u>Start</u>              | <u>Leave</u> |                         |
| Telephone Number(s)                                    |  |                           |              |                         |
| Supervisor's Name and Position                         |  | Hourly Rate/Salary        |              |                         |
| Your Job Title   |  | <u>Starting</u>           | <u>Final</u> |                         |
| Reason For Leaving                                     |  |                           |              |                         |
| May we contact now? ___ Yes ___ No (If still employed) |  |                           |              |                         |

Work Experience continued on page 5

|  |                           |              |                         |
|--|---------------------------|--------------|-------------------------|
| Employer   | Length of Service (Dates) |              | <b>Duties Performed</b> |
| Address  | <u>Start</u>              | <u>Leave</u> |                         |
| Telephone Number(s)                                    |                           |              |                         |
| Supervisor's Name and Position                         | Hourly Rate/Salary        |              |                         |
| Your Job Title   | <u>Starting</u>           | <u>Final</u> |                         |
| Reason For Leaving                                     |                           |              |                         |
| May we contact now? ___ Yes ___ No (If still employed) |                           |              |                         |

### APPLICANT'S STATEMENT

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is at-will, and that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant Date

### FOR COMPANY USE ONLY

Interviewed:  Yes  No

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employed:  Yes  No Starting Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Dept: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title Date

(Revised 7-18-10)