

Unlimited Care

Employee Application

Email to: terribuckholtz@yahoo.com

Fax to: 936-321-2795

APPLICATION FOR EMPLOYMENT

This facility does not discriminate on the basis of race, color, religion, national origin or ancestry, handicap or disability, sex, marital status, obligation to serve in the armed forces of the United States, or citizenship in admission or access to or treatment or employment in its programs and activities. This facility will coordinate efforts to comply with all agencies enforced by EEOC.

Date: _____			DOB: _____			SS#: _____		
Name: _____						_____		
Last			First			Middle		
Address: _____						Tel #: () _____ A.M.		
City: _____			State: _____			Zip Code: _____		
						Tel #: () _____ P.M.		
Position(s) applied for: _____						Salary Desired: _____		
Are you applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular <input type="checkbox"/> Summer employment								
If seeking part-time work, specify the number of days per week: _____								
How soon will you be available for employment?: _____								

Shift Preference (check one) Day _____ Evening _____ Night _____	If preferred shift is unavailable, will you work? Day- Yes _____ No _____ Evening- Yes _____ No _____ Night- Yes _____ No _____	If required, will you work: Saturdays Yes _____ No _____ Sundays Yes _____ No _____ Holidays Yes _____ No _____ Rotating Shifts Yes _____ No _____
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Are you either a U.S. citizen or an Alien who has the legal right to work in the job (s) for which you are applying?
 Yes _____ No _____ Are you 18 or older: Yes _____ No _____

Have you ever been convicted of any felony other than a minor traffic violation? Yes _____ No _____

A felony conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of felony and your subsequent rehabilitation. _____

Have you ever been disciplined for resident abuse? Yes _____ No _____

Have you ever been disciplined for child abuse? Yes _____ No _____

Do you have relatives or friends employed at this company? Yes _____ No _____ Name: _____

Have you ever been employed at this company? Yes _____ No _____ If yes, dates, positions, & dept. employed: _____

Have you ever applied at this company before? Yes _____ No _____ When?: _____

How were you referred? Newspaper Ad _____ Friends/Relatives _____ Job Fair _____ Employee _____

Rehire _____ Career Day _____ Other (specify) _____

FOR OFFICE USE ONLY - EMPLOYEE # _____ APPLICATION# _____
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Beginning with your current or last employer, list the last four (4) positions of employment held, by date.

Name of Employer: _____ Tel# _____
Address: _____ City: _____ State: _____ Zip: _____
May we contact this employer? Yes _____ No _____ Name/Title of Supervisor: _____
Dates- From _____ To _____ Hours/Week _____ Position held: _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving? _____
Duties _____

Name of Employer: _____ Tel# _____
Address: _____ City: _____ State: _____ Zip: _____
May we contact this employer? Yes _____ No _____ Name/Title of Supervisor: _____
Dates- From _____ To _____ Hours/Week _____ Position held: _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving? _____
Duties _____

Name of Employer: _____ Tel# _____
Address: _____ City: _____ State: _____ Zip: _____
May we contact this employer? Yes _____ No _____ Name/Title of Supervisor: _____
Dates- From _____ To _____ Hours/Week _____ Position held: _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving? _____
Duties _____

Name of Employer: _____ Tel# _____
Address: _____ City: _____ State: _____ Zip: _____
May we contact this employer? Yes _____ No _____ Name/Title of Supervisor: _____
Dates- From _____ To _____ Hours/Week _____ Position held: _____
Starting Salary: _____ Ending Salary: _____ Reason for leaving? _____
Duties _____

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON FAVORABLE REFERENCES.

RECORD INFORMATION RELEASE

To Whom It May Concern:

I have applied to: Unlimited Care for employment.. To enable Unlimited Care to properly evaluate my qualification, I request and authorize you to release and furnish to Unlimited Care any/all information in your records or files, or within your knowledge, concerning my present and/or past employment with you.

I authorize all persons, schools, current/previous employers, and organizations named in this application or provided by me to the facility with any relevant information that may be requested by the facility. I also hereby release all parties seeking and providing information from any and all liability or claims for damages whatsoever that may result from this information's release, disclosure, maintenance or use.

Signature of Applicant (Date)

Printed Name of Applicant Other name (s) while employed

Social Security Number

UNLIMITED CARE

In consideration of my employment I agree to conform to all of the rules and regulations of this facility and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either this facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by this facility. I understand that no representative of this facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharge at any time.

As a condition of employment, I hereby consent to testing for drug and alcohol use, as determined to be appropriate by management, either before being hired or at any time during my employment with this facility.

Date: _____ Signature: _____

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

Date of Birth: _____ Maiden Name (if applicable): _____

Emergency contact _____ Relationship _____

Address _____ City _____ State _____ Tel # _____