TOGETHER AT HOME PERSONAL CARE AGENCY LLC.

Application for Employment Date Name _____ First Middle Address ____ City State/Province ZIP/Postal Code Telephone # () Cell Phone # () E-Mail address _____ Referred to us by _____ Position(s) applied for Caregiver Nursing Other: _____ Date available _____ Type of employment desired ☐Full-Time □Part-Time Please Specify Days and Hours Casual If currently employed, may we contact your employer? \(\subseteq Yes \) \(\subseteq No. \) Is there a specific reason you are applying for employment at this company? Yes No If Yes, please briefly outline the reason: Are you age 18 or over? Yes No Are you legally eligible for employment in this country? \(\text{Yes} \) Are you available to work overtime if required? Yes No Have you applied with this company before? Yes No Have you been employed at this company before? The No If yes, when? _____ At what location? _____ Do you have any friends or family employed at this location? \textstyre Yes Have you been convicted of a crime in the last seven (7) years? ☐Yes ☐No If considered for hiring, will you agree to provide a criminal background check? Yes ∏No If considered for hiring, will you agree to provide a Driver's license? □No \square N.A. Yes

EDUCATIONAL BACKGROUND

List previous three (3) educationa	l institutions	attended,	, beginni	ng with th	ne mos	t recent.			
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EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

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□Yes □No □Later	IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER REASON FOR LEAVING MAY WE CONTACT FOR REFERENCE? Yes	TELEPHONE ()	RATE/SALARY STARTING \$ per HOURLY RATE/SALARY FINAL \$ per DATES EMPLOYED FROM TO HOURLY RATE/SALARY STARTING \$ per HOURLY RATE/SALARY STARTING	
	IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER REASON FOR LEAVING MAY WE CONTACT FOR REFERENCE? Yes	TELEPHONE ()	RATE/SALARY STARTING \$ per HOURLY RATE/SALARY FINAL \$ per DATES EMPLOYED FROM TO HOURLY RATE/SALARY STARTING \$ per HOURLY RATE/SALARY STARTING	

REFERENCES List the name, relationship, number of years acquainted, a	and phone number	er of three re	eferences. (No relatives please).
NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
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of facts may result in removal from consideration for employr I understand that neither the acceptance of this applicate relationship with Together at Home creates an actual or in employment with Together at Home, it will be on an at-will be the employment relationship at any time, for any reason, with I agree to submit to a Criminal Background Check. I release companies from any and all liability arising out of or related in If I am employed, I will work the scheduled hours and days as and will conduct myself in accordance with the policies and so may result in termination of employment. This agreemployment.	ion nor the subsimplied contract of pasis. Either Toge or without cause ase Together at he any way to such as needed or in and objectives of T	equent entry f employmen ther at Home . Home, its en a check. nother area of	r into any type of employment of. I understand that, if I accept to or I have the right to terminate imployees, and other persons or of classification if requested to do lome. I understand that failure to
Applicant's Signature			Date
For office use only: Date application received: Date applicant contacted:			
Notes:			

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