



## Application for Employment

**I. Personal Information:**

*If you have a resume, please attach it with this application.*

Date: \_\_\_\_\_ **Driver's License & Auto Insurance:** please attach a copy of your drivers license & Auto insurance to this application.

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Physical Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If currently employed is it ok to call you at work? \_\_\_Yes \_\_\_NO. If Yes, what is the phone #? \_\_\_\_\_ OR \_\_\_ I am currently unemployed

If currently employed, what is lacking in your current job that you need?  
\_\_\_\_\_

**Background Information:**

Will you give us the right to do a background check on you? Yes / No

Are you legally eligible to work in the US? Yes / No

Have you ever been Fired or walked out of a job you had? Yes / No

Do you have any lifting restrictions? Yes / No

If Yes Please explain why: \_\_\_\_\_

Is there any reason you couldn't perform any function of the job? Yes / No

Do you have personal auto insurance? Yes / No

If Yes, we must make a copy & also call our insurance company for approval.

Have you ever had any moving violations? Yes / No

If Yes, please list all offenses of your driving record:  
\_\_\_\_\_

High School Attended: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Activities / Sports involved in: \_\_\_\_\_ GPA: \_\_\_\_\_

College('s) Attended: \_\_\_\_\_

Years in College: \_\_\_\_\_ Degree('s): \_\_\_\_\_

Activities / Sports involved in \_\_\_\_\_ GPA: \_\_\_\_\_

Please list all previous employment starting with present or most recent employer:  
\_\_\_\_\_

Date Employed (From & To)	Company Name	Phone #	Supervisor	Position Held	Starting & Ending Salary

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**Work related References: List all 3. Please do not include family members or friends**

Name	Work Phone #	Place of Employment	Title

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**Personal Questions:**

Are you trained in typing & can you demonstrate this ability upon request? \_\_\_Yes \_\_\_No, I can not type well.

Please state any additional information you believe would be important in considering your application:  
\_\_\_\_\_

Please list 3 Positive Characteristics that best describe yourself:  
\_\_\_\_\_

Please list 1 Negative Characteristic that you feel you need to work on & explain why:  
\_\_\_\_\_

*Office use only: Date of Hire* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Care Plus**  
Application for Employment  
Continued

To the best of my knowledge all of the information I have submitted on this application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from further consideration for employment or for dismissal.

I voluntarily give this organization the right to make a thorough investigation of my personal or post employment history and education, agree to cooperate in such investigation, and authorize any former employer, person, firm, or corporation, to give this organization any information they may have regarding me. In consideration of this organization's review of this application, I release this organization and all providers of information from any liability as a result of furnishing and receiving this information. I understand that any offers of employment are contingent on successful completion of the post-offer exam and background checks.

I understand employment at this organization is "**At Will**" which means employment may be terminated by the employee or by this organization at any time, for any reason, without notice, with or without cause. I further understand employee benefits, terms and conditions of employment and the policies, procedures and work rules of the organization may be determined, changed and modified from time to time by this organization without limitation or agreement. I also understand any employment handbooks or manuals that may be distributed to me by this organization shall not be construed as a contract.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Full Time Employee Incentives**

- A. Health Insurance:** 75% of Full individual (not family) health coverage after working full time for 3 months.
- B. Holidays Off:** 6 paid weekday holidays after 3 months of employment. For July 4th, Christmas & New Years (not the Eve's) if they fall on a weekend the preceding Friday or Monday will be off.

New Years	(Jan 1 <sup>st</sup> )
Memorial Day	(Last Monday in May)
July 4 <sup>th</sup>	
Labor Day	(1 <sup>st</sup> Monday in September)
Thanksgiving Thursday	(4 <sup>th</sup> Thursday in November)
Christmas	(Dec 25 <sup>th</sup> )

- C. PTO (Personal Time Off):** This takes care of vacation days, sick days or funeral leave. Each employee accumulates X amount of hours after every Bi-weekly pay check.

1st year = 3 hours per pay check (PC)  
 5<sup>th</sup> year = 5 hours per PC

3<sup>rd</sup> year = 4 hours per PC  
 10<sup>th</sup> year = 6 hours per PC.

- D. Retirement Program:** Simple IRA retirement program after 1<sup>st</sup> year of work.
- E. Pay Date:** Checks are paid Bi-weekly & given on Wednesday following your 2 weeks of work.
- F. Pay Raise:** Any possible pay raise will occur only at employment anniversary date.

NOTE: Any benefit is subject to change or stop without notice upon manager's discretion