Application for Employment

W129 N6889 Northfield Dr. #211
Menomonee Falls, WI, 53051

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

SOCIAL SECURITY # _____ POSITION APPLIED FOR _____ DATE AVAILABLE _____

HOME PHONE # (_____) _____ CELL PHONE # (_____) _____ OTHER PHONE # (_____)_____

EMAIL ADDRESS _____ REFERRED BY _____

Do you have a valid driver's license & a reliable vehicle? □ YES □ NO

Do you have current auto insurance? □ YES □ NO

How far are you willing to travel to get to work? _____

Do you have the ability to perform all of the job related functions for which you are applying?
□ YES □ NO If no, please explain _____

Do you have experience working with the elderly? □ YES □ NO Are you Medication Certified? □ YES □ NO

Do you have any allergies/aversions to latex or cigarette smoke? □ YES □ NO If yes, explain _____

Can you work in a home with dogs? □ YES □ NO Can you work in a home with cats? □ YES □ NO

AVAILABILITY

Shifts Preferred: 1st□ 2nd□ 3rd□ Weekends: □ YES □ NO Number of hours per week: _____

EDUCATION

	NAME/ADDRESS	COURSE/MAJOR	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
SPECIAL TRAINING			
SPECIAL TRAINING			
SPECIAL TRAINING			

EMPLOYMENT

**Please list present or most recent employer first **

Employer	Address	Phone #	Job Title/Position
Dates of Employment	Supervisor	Phone #	Reason for Leaving
Employer	Address	Phone #	Job Title/Position
Dates of Employment	Supervisor	Phone #	Reason for Leaving
Employer	Address	Phone #	Job Title/Position
Dates of Employment	Supervisor	Phone #	Reason for Leaving
Employer	Address	Phone #	Job Title/Position
Dates of Employment	Supervisor	Phone #	Reason for Leaving

PROFESSIONAL REFERENCES

Please list individuals who have had supervisory responsibility over you.

NAME	**PHONE**	**ADDRESS**
OCCUPATION	**YEARS KNOWN**	**FACILITY**
COMMENTS		
NAME	**PHONE**	**ADDRESS**
OCCUPATION	**YEARS KNOWN**	**FACILITY**
COMMENTS		

AGREEMENT

I certify that the information given herein is complete and accurate to the best of my knowledge. I understand that any false or misleading information given in my application, or the withholding of information deemed pertinent by ADVANTAGE HOME CARE may result in immediate discharge. I agree that it is my responsibility to provide ADVANTAGE HOME CARE with my available days and hours on a weekly basis in order to be scheduled for work. I understand ADVANTAGE HOME CARE schedules me from this availability. I authorize ADVANTAGE HOME CARE to contact all my previous employers and the educational and professional references listed herein and request any or all of my former employers to furnish a complete history of my services with them, together with any information they may have concerning my personal character, habits, ability, disposition, etc., and particularly a statement of the cause of separation of my employment with such party. I hereby release the above parties from any and all liability for damages to whatever nature on account of furnishing, receiving or acting upon requested information. The applicant for employment recognizes that employment with ADVANTAGE HOME CARE is at will. This means the employee may terminate employment at any time for any reason and the employer retains the same right. The applicant understands that employment may be conditioned upon passing a drug test and that drug testing during employment may occur at the discretion of management. ADVANTAGE HOME CARE is an equal opportunity employer and consideration for employment is based solely upon qualifications without regard to race, color, national origin, sex, age, religion, disability or veteran military status.

APPLICANT'S SIGNATURE: _____ **DATE:** _____