

What skills or additional training do you have that are related to the job for which you are applying?

Employment History:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR		TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR		TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR		TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR		TELEPHONE	REASON FOR LEAVING

Education:

Education				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

References:

Give three references, not related: References need to be someone who can verify your ability to perform the job such as a former employer.

Name

Address

Phone

_____ () _____ - _____

_____ () _____ - _____

_____ () _____ - _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature _____ Date ____/____/____

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work:

Type of Transportation you have / will use for home visits: _____

Do you have any allergies that would affect your work at a client's home? No Yes

If yes, please list here: _____

Do you have a problem working with a client who smokes? No Yes

How many hours are you willing to work per week? _____

Locations willing to work (circle those that apply, and/or write in additional locations):

Allegheny	Armstrong	Beaver	Washington	Butler	Westmoreland
East Liberty		Aliquippa			Murrysville
Hill District					
North Side					
South Side					
Monroeville					
Shadyside					
Penn Hills					
Other					

Other please list

Please Check (X) the Day and Time of Week You **Are Available**

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Additional notes about availability _____