Employment Application

Rev. 7.2016

We appreciate your interest in our company. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. However, due to State Licensing requirements, applicants must be, at a minimum, 18 years old.

Please Print:			
Job(s) Applied for:		Date	
Last Name	First Name	Middle	
Address			
Phone number(s)			
Email address:			
Email address:			
Social Security Number* (for payroll pu *optional until hiring process is compl			
Emergency Contact (name/phone/rela	tionship):		
Are you 18 years or older?		Birthdate:	
Do you have a HS diploma or GED?		Post high-school degree?	
Current DPS fingerprint card?			
Current First Aid/CPR?			
Current Article 9 training?			
Do you have a current driver's license?	(If yes, which state?)		
Are you available to work full time? *Approximate times for shifts: 1st shift: 6/			
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Are you available to work part time?			
Hours/days available:			
Date available for employment:			

1.	Tell us about yourself. What are the most important personal qualities and skills you bring to the
	persons for whom you care?

2. Tell us about your personal style with those you care for and work with. Please include how you would handle interacting with someone who is sad, angry or upset.

3. What experiences have you had caring for persons with special needs? Please describe a significant experience you have had while caring for another.

Complete following page and/or attach resume. THANK YOU!



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Education (list school/location, course of study, last year completed, degree earned)	
Certifications/Trainings (include any relevant and valid certifications i.e. CPR, First Aid, background/fingerprint, Article 9, etc)	
Lelevant Work Experience (list employer, dates employed, duties, employer contact information, supervisor name, job title, pate/salary, and reason for leaving)	pay
s there anything else you would like us to know about you?	