

INFINITY PRIVATE CARE

EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:

Date _____ Start Date _____

() Full Time () Part Time () Temporary Referral Source _____

Name: _____ D.O.B.: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ SSN: _____

Are you a U.S. citizen? () Yes () No If no, what is your citizenship/residency status: _____

Have you ever been convicted of or charged with a felony or misdemeanor: () Yes () No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

SHIFT AVAILABILITY							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnights? Yes or No							

EDUCATION:

Schools/Colleges Attended: # Years Year Grad Degree

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments:

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments:

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____ Company: _____

Street Address: _____ Position: _____

City/State/Zip: _____ Phone: _____

Name: _____ Company: _____

Street Address: _____ Position: _____

City/State/Zip: _____ Phone: _____

Name: _____ Company: _____

Street Address: _____ Position: _____

City/State/Zip: _____ Phone: _____

PERSONAL REFERENCES: Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: _____ Relationship: _____

Street Address: _____ How long: _____

City/State/Zip: _____ Phone: _____

Name: _____ Relationship: _____

Street Address: _____ How long: _____

City/State/Zip: _____ Phone: _____

Name: _____ Relationship: _____

Street Address: _____ How long: _____

City/State/Zip: _____ Phone: _____

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

I CERTIFY that the above answers are true and complete to the best of my knowledge. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of

_____.

Signed: _____

Date: _____