

Adult Transitional Care, LLC Employment Application

By filling out this application and questionnaire, you are applying for employment at Adult Transitional Care. This company is dedicated to a policy of non-discrimination of applicants on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Your Full Name			Date		
Street Address		City		State	Zip
Home Phone	Cell Phone Email address	Tax ID / SSN #		Do you smoke? <input type="checkbox"/> yes <input type="checkbox"/> no	
Date of Birth	Ethnicity		How did you hear about us:		

Alternate Contact	
Name	Phone
Address	Relationship

Are you currently employed? If Yes, Explain. <input type="checkbox"/> Explain: Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor/felony? If Yes, provide details <input type="checkbox"/> yes <input type="checkbox"/> no Details:

Availability			
Approx. hours per week available:	Days/Times you are available	Days & times not available	Can you be called at the last minute? <input type="checkbox"/> yes <input type="checkbox"/> no

Work History

Please provide at least five years of recent, verifiable work history followed by verifiable references.

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Why Do You Feel You Would Be An Excellent Addition to Our Team?		

What Are Your Skills?

List any training or licensing.

What do *YOU* do that shows and proves you're Reliable, Trustworthy and Honest?

What jobs do you prefer? Any additional comments?

Business | Professional References

Name	Address	Relationship/Years Known	Local Phone #

Character & Personal References

Name	Address	Relationship/Years Known	Local Phone #

Please list person who will always know how to reach you

Name	Address	Phone:	Email:

CERTIFICATION AND RELEASE: I certify that I have read and understand the general requirements of Independent Care Contractors/Providers on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I completely understand that I am submitting this Application as an interested Adult Transitional Care Employee and that by submitting this there is no guarantee for employment. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application and/or termination. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal and credit history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature	Date
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For Office Use Only – *Interview/Comments/Reference Check /Notes*