

Employment Application

Availability: check all that you could work						
Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Day hours		Evening hours (5-9P)		nights (9P-12MN)		overnights
						live-in

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired:	Per Diem	Number of Hours: _____
	Part Time	Number of Hours: _____
	Full Time	Number of Hours: _____

Last Name	First Name	Middle Initial
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Mailing Address	City	State	Zip Code
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(____) _____ Home Phone Number	(____) _____ Cell Phone Number or	(____) _____ Work Phone Number
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Email address _____

Language skills other than English (written/spoken) _____

Have you ever been employed here before? Yes or No If yes, when? _____

Are you legally eligible for employment in the US? Yes No

If not legal citizen: Do you have a green card? Yes No

Do you have a social security card? Yes No

Has your visa expired? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad _____	Internet _____
Which newspaper?	Which site?

Current Employee _____
 We'd like to thank them

Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (____) _____

Work Phone Number: (____) _____

Cell Phone Number: (____) _____

Stay at Home Home Care an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.