

Employment Application

Personal Information (Please Print)

Date:

Name:	Home Phone:
Address:	Cell Phone: Work Phone:
Social Security #: Birthdate:	Email Address:
Salary Desired:	Date Available to Start:
Emergency Contact:	Emergency Phone:
Do you have a valid Ohio driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have auto insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony? (You may be required to provide a set of fingerprint impressions and a criminal records check may be conducted.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a current CPR Certification?	Yes <input type="checkbox"/> No <input type="checkbox"/> Exp. Date:
Do you have a current STNA Certification?	Yes <input type="checkbox"/> No <input type="checkbox"/> Exp. Date: Place Taken:

Education

High School Name:	High School Location:	Primary Course of Study:
College Attended:	College Location:	Primary Course of Study:

Employment

Company Name & Phone #	Job Title	Basic Duties	Dates Employed

Have you ever been fired or asked to resign from any position? **Yes** **No**

If yes, please explain. _____

Skills: _____

Hobbies: _____

Community Interests: _____

Please indicate the # hours you desire per week. _____ hours

Please indicate the day(s) and time(s) that you are available to work: (Please Circle)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Holidays
Morning	Afternoon	Evening	Overnight				
Full time	Part time	Weekend Only	Weekday Only				

References

Name	Address	Phone #	Occupation

I hereby certify that the information given herein is to the best of my knowledge, true and accurate in every respect, and I also agree that any misrepresentation, including omission of information, is sufficient cause for severance of employment with ActiveLife Care. It is also understood that nothing in this application for employment is intended to create an employment contract with ActiveLife Care.

I understand that I am applying for a position which directly involves providing direct care or services to individuals in their home. I may be required to provide a set of fingerprint impressions and a criminal records check may also be conducted.

I authorize ActiveLife Care to contact any references and to make further background screening and investigations deemed necessary in connection with my position and do hereby release ActiveLife Care and all informants from all liability resulting from such investigation.

Statement of Confidentiality

At any time as an employee of ActiveLife Care, you are not to disclose the identity or personal information of any client, or family to anyone other than ActiveLife Care without consent. Violation of this agreement will be just cause for suspension and/or dismissal from this company.

Signature of Applicant: _____ **Date:** _____

Notes: (for office use only)
