

Application for Employment



PERSONAL INFORMATION

DATE:

Name (Last, First, Middle Initial)			Social Security No.		
Present Address		City	State	Zip Code	
Phone No. <input type="checkbox"/> Home <input type="checkbox"/> Cell		Alternate Phone No. <input type="checkbox"/> Home <input type="checkbox"/> Cell			
Email address:			Referred by:		

EMPLOYMENT DESIRED

Position	Date Available	Desired Salary	
Are You Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you a citizen of the United States? NO <input type="checkbox"/> YES <input type="checkbox"/>	If no, are you authorized to work in the US? NO <input type="checkbox"/> YES <input type="checkbox"/>	Will Accept: <input type="checkbox"/> Full-Time <input type="checkbox"/> PRN	Military Service: Branch: _____ From: _____ to _____ Honorable Discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO If other than honorable, please explain: _____
Have you ever worked for the company? NO <input type="checkbox"/> YES <input type="checkbox"/> If so, when? _____	Have you ever been convicted of a felony? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, please explain: _____	Preferred Shift: <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	

Gender M
 F

Are you Related to any Modern Care employee YES NO

Are you currently in a relationship with a Modern Care employee? YES NO

EDUCATION

NAME & LOCATION OF SCHOOL	YRS ATTENDED	GRADUATED	DEGREE/CERTIFICATE
HIGH SCHOOL		<input type="checkbox"/> YES (YEAR____) <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PROFESSIONAL REFERENCES

NAME	COMPANY	RELATIONSHIP	PHONE

WORK HISTORY

Company		From (Month/Year)	To (Month/Year)
Address	City	State	Zip Code
Job Title	Supervisor	Phone	
Responsibilities:			
Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
May we contact this Employer?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Company		From (Month/Year)	To (Month/Year)
Address	City	State	Zip Code
Job Title	Supervisor	Phone	
Responsibilities:			
Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
May we contact this Employer?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Company		From (Month/Year)	To (Month/Year)
Address	City	State	Zip Code
Job Title	Supervisor	Phone	
Responsibilities:			
Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
May we contact this Employer?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____