

Job Application: Respite Care Worker



APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Driver License				State				Date of Birth			
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Full Name				# yrs known							
Relationship				Phone							
Full Name				# yrs known							
Relationship				Phone							
Full Name				# yrs known							
Relationship				Phone							

AVAILABILITY: AM/PM

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

EMERGENCY CONTACT

Name: _____	Relation: _____	Contact #: _____
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PREVIOUS EMPLOYMENT

Company:	Phone:
Job Title:	Supervisor:
Reason for Leaving:	May we contact for reference: YES <input type="checkbox"/> NO <input type="checkbox"/>
Company:	Phone:
Job Title:	Supervisor:
Reason for Leaving:	May we contact for reference: YES <input type="checkbox"/> NO <input type="checkbox"/>

REFERRED BY:

1.
2.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize, without reservation, any party or contracted agency of OptiMentality to complete a background check. I also understand that I have a request to understand the nature and substance of all information provided by the contracted background check agency.

I would like a copy of my report: Yes _____ No _____

Signature:	Date:
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DISCLAIMER AND SIGNATURE

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
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