



# Employment Application

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a non-related medical condition or disability. All questions must be answered and application signed. Any application that does not provide requested information will be automatically rejected.

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_/\_\_\_/\_\_\_

Referral Source:  Advertisement  Employee  Relative  Walk-In  
 Government Employment Agency  Private Employment Agency  
 Internet  Other \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last First Middle

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Number Street

How long at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Number Street

How long at this address? \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Best time to call you at home: \_\_\_\_\_

What date are you available for employment? Date: \_\_\_/\_\_\_/\_\_\_

Type of employment desired: (check all that apply)  Full time  Part time  Temporary  Seasonal

Are you able to work overtime if required?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Have you previously applied for a position at Comfort Keepers?  Yes  No When? \_\_\_\_\_

Have you previously worked at Comfort Keepers?  Yes  No When? \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No  
(Proof of eligibility will be required before you can be employed.)

Are you presently on layoff and/or subject to recall from any other company?  Yes  No  
If yes, please explain: \_\_\_\_\_

Have you ever been convicted of/or plead guilty to a crime (other than minor traffic violations)?  Yes  No  
If yes, please explain: (give date, location, charge, etc.) \_\_\_\_\_

*(Please note that in order to be hired by Comfort Keepers, you must be Bondable.)*

If the job requires, do you have a valid driver's license?  Yes  No  
DL# \_\_\_\_\_ Type: \_\_\_\_\_ State of Issue \_\_\_\_\_

Have you had any moving violations in the past 3 Years? \_\_\_\_\_  
If yes, please describe \_\_\_\_\_

Do you have any relatives currently employed by Comfort Keepers?  Yes  No  
If yes, please list: \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No

**Person to be contacted in case of an emergency:** Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Number Street

## Educational Background:

Type of School	Name/City	How Many Years Attended	Graduated	Course or Major
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

## Employment History:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer:	Telephone:	<u>Dates Employed</u>	Summarize the nature of the work performed and job responsibilities
	( )	Month & Year	
		From	To
Address:			
Job Title:		Hourly Rate/Salary Starting	
Immediate Supervisor and Title:		\$	Per
Reason for leaving:		Hourly Rate/Salary Final	
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per
Employer:	Telephone:	<u>Dates Employed</u>	Summarize the nature of the work performed and job responsibilities
	( )	Month & Year	
		From	To
Address:			
Job Title:		Hourly Rate/Salary Starting	
Immediate Supervisor and Title:		\$	Per
Reason for leaving:		Hourly Rate/Salary Final	
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per
Employer:	Telephone:	<u>Dates Employed</u>	Summarize the nature of the work performed and job responsibilities
	( )	Month & Year	
		From	To
Address:			
Job Title:		Hourly Rate/Salary Starting	
Immediate Supervisor and Title:		\$	Per
Reason for leaving:		Hourly Rate/Salary Final	
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per

Comments and other skills and qualifications (including explanation of any gaps in employment):

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**References:**

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you, whom have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years known	Relationship

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Comfort Keepers other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Comfort Keepers.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Comfort Keepers.

I give the employer and /or its' agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post accident occurrences.

The employer, Comfort Keepers, is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

**NOTICE:** This is to inform you that as part of processing your employment application, we may obtain a consumer report and/or an investigative report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of this notice and a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Please complete the following schedule and provide times that you are able to work for Comfort Keepers. We provide services 24 hours a day, 7 days a week. How you complete this form is very important. The work hours that are provided for you by Comfort Keepers are driven by two primary business issues; the needs of the clients and your availability to work.

Day of Week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Total Requested Hours Per Week: Ideal: \_\_\_\_\_ Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

Are you willing to do temporary fill-in hours until the hours you want become available?  Yes  No

Are you available to be On-Call?  Yes  No

Are you willing to work with clients who smoke?  Yes  No

Are you willing to work with clients who have pets?  Yes  No

**This sheet designates the times that I am committing myself to be available to work for Comfort Keepers. By signing this sheet, I acknowledge that the decision to hire me will be based in part on the above availability. I agree any changes to my availability must be approved and signed by my supervisor.** I understand that there is no guarantee of hours if I am offered a position with Comfort Keepers. I understand that it can take time to reach and sustain my desired number of hours per week and that multiple factors affect this goal including my availability, client requests, my skills, and my ability to please the clients to whom I am assigned. **Nothing in this statement is to be construed as a direct, implied or inferred contract of employment.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date