

**Elder Care Services
Application for Employment**

To be considered for employment at Elder Care Services, Inc. (ECS), you must complete this application form in its entirety and sign it. You may also attach a résumé.

Elder Care Services, in accordance with State and Federal laws, does not discriminate in employment on the basis of race, color, religion, sex, pregnancy, national origin, ancestry, ethnicity, age disability, AIDS/HIV, veteran status, marital status, or arrest record. ECS is a Drug-free Workplace.

Please Print

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number to contact you

Between 8:00 a.m. and 5:00 p.m.: _____ Home Phone: _____

Cell Telephone Number: _____

Emergency Contact Name: _____ Phone: _____

Driver's License Number: _____ Expiration Date: _____

Position for which you are applying: _____

Other positions for which you would like to be considered:

Are you available for full-time, regular employment? _____ Yes _____ No

Date you are available to begin work: _____

Compensation expected: \$_____ per_____

Are you legally entitled to work in the United States? _____ Yes _____ No

Have you been convicted of a crime or pleaded "no contest" to criminal charges? A pre-employment background check will be conducted.

_____ Yes _____ No. If so, explain: _____

Education

High School:

Name/Address of School

_____ Diploma Date Received: _____

_____ GED Date Received: _____

_____ None, highest grade completed: _____

College, University, or Professional School: (transcript may be required)

Name	Location	Dates of Attendance (mo./yr.)	Credit Hours Earned	Major/Minor Course of Study	Did you Graduate? Diploma	Type of Certificate earned
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Business, Correspondence, Trade, Technical, or Vocational School:

Name	Location	Dates of Attendance (mo./yr.)	Credit Hours Earned	Major/Minor Course of Study	Did you Graduate? Diploma	Type of Certificate earned
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your name(s) while attending any of the above school(s), if different from the name on this application:

Licensure, Registration, Certification:

(Teacher Certification, RN LPN, LCSW, PE, CPA, etc.)

Type	Registration, or Certification Number	Date Received	Expiration Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Skills

Briefly describe your computer skills (experience, knowledge of software – word processing, databases, desk-top publishing, etc.)

List other skills you possess and believe relevant to the position you seek.

Employment Record (List most recent position first.)

Dates Month/Year	Name & Address or Phone Number of Employer	Weekly Salary	Position	Reason for Leaving	Employment Verification (Completed by Interviewer)
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

May we ask the employers listed above about you? _____ Yes _____ No

Your name(s) while employed in any of the above jobs, if different from name given on this application:

References (excluding family):

Name	Relationship	How long have you known this reference	Telephone Number	Reference Verification Completed by Interviewer

Have you ever applied for a job here before?

_____ Yes _____ No If yes – Date: _____ Position: _____

Have you ever been employed here before?

_____ Yes _____ No If yes – Date: _____ Position: _____

I certify that the information provided on this application form is complete and correct to the best of my knowledge. I understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment.

I agree to conform to the personnel policies and all other rules and regulations of ECS. In particular, I agree that any controversy or claim I may have against ECS, now or in the future, as an applicant or employee, arising out of or relating to any employment discrimination law, shall be settled by arbitration in accordance with the ECS personnel policies.

I understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either me or ECS. I understand that no personnel recruiter, interviewer, or other representative of ECS, other than the President & CEO of ECS, has authority to enter into any employment agreement for any specified period of time. I further understand that any such agreement is invalid and unenforceable unless written and signed by me and the President & CEO.

I also understand that, as a condition of initial or continued employment, I will be required to submit to blood and/or urine testing for alcohol and/or illegal drugs at times and in the manner selected by ECS. ECS reserves the right to deduct the cost of pre-employment criminal background checks and drug/alcohol tests if I work for a period of less than six months.

Applicant's Signature: _____