

**CHRISEL'S AFFORDABLE CARE  
LLC**

Providing affordable care for your love ones  
"One on One Care"

**Employment Application**

CHRISEL'S AFFORDABLE CARE, LLC Is an Equal Opportunity Employer. CHRISEL'S AFFORDABLE CARE, LLC policy prohibits discrimination on the basis of age, race, color, religion, sex, marital status, national origin, citizenship, disability, or any other basis in accordance with applicable federal, state, or local laws.

**Personal Information**

Last Name	First Name	Middle Initial	Today's Date
Street Address			Telephone (Day/Evening)
City	State	Zip Code	Social Security No. - -

Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis?  Yes  No

A birth certificate or other proof of age?  Yes  No Can you, at time of orientation, submit: proof of your legal right to work in U.S.?  Yes  No

Are you aware of any condition or circumstance which would prevent you from performing the job for which you have applied if yes, Please Explain. \_\_\_\_\_

**Job Description**

Type of position you are applying: <input type="checkbox"/> Homemaker / Companion <input type="checkbox"/> Personal Care Assistant <input type="checkbox"/> CNA <input type="checkbox"/> Live-in			
Date Available	Salary Expected	Referral Source:	<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Other
			<input type="checkbox"/> Employee Referral (name) _____
			<input type="checkbox"/> Client Referral (name) _____

**Availability**

Please specify the days and hours you are available

Any day, any hour.  Yes  No

Are you available to work on holidays?  Yes  No

Do you have dependable transportation to/from work?  Yes  No

Are you willing to travel?  Yes  No

	From	To
Sunday	:	:
Monday	:	:
Tuesday	:	:
Wednesday	:	:
Thursday	:	:
Friday	:	:
Saturday	:	:

**Education**

	School Name and Location	Circle Highest Year Completed/Major	Graduated (Check One)
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College	From: _____ To: _____	Major: _____ Degree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other School	From: _____ To: _____	Major: _____ Degree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please List any additional education, training, certificates, license, or special skills that are related to the job for which you are applying.

**References**

Please list three references, preferably work related.

Name	Company / Address	Title / Relationship	Phone Number
1.			
2.			
3.			

# Work Experience

Dates Employed (Month / Year)	Employer name, Address and Phone	Position, Held and Supervisor Name	Salary	Reason for Leaving
From	Company		Starting	
	Address			
To	Telephone		Final	
From	Company		Starting	
	Address			
To	Telephone		Final	
From	Company		Starting	
	Address			
To	Telephone		Final	

## Personal Data

Yes  No

Do you have a criminal history?  Yes  No

Do you own a car with current insurance?

Do you have a current driver license?  Yes  No

Are you presently employed?  Yes  No

Do you speak, read or write in any language other than English?  Yes  No If yes, please describe:

Please use this space to list and/or describe any additional skills you possess (i.e. computer hardware/software, typing (wpm), etc.)

## Read Carefully and Sign Below

Please do not respond to the following question until after you have read and/or discussed the job description for the position for which you are applying

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will cannot be changed verbally or in writing, unless the changed is specifically authorized in writing by a chief operating officer of this agency. I understand that this application is not a contract of employment. I understand that the federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 60 days; after that time, if wish to be considered for employment must submit a new application.

**I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and dismissal and such other penalties and may be punishable by law.**

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### OFFICE USE ONLY

Interview By	Date
	____ / ____ / ____

Comments

Salary wages	Will Report
Employment Manager	Date