

**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. - -
Previous Address (must cover past 3 years)			Number of years
Previous Address			Number of years

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,

Pease 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			Final	
	Telephone			
From	Company		Starting	
	Address			
To			Final	
	Telephone			
From	Company		Starting	
	Address			
To			Final	
	Telephone			

### Personal Data

Do you own a car with current insurance?  Yes  No      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.

### Background and Certification

- Have you ever worked for Chrisel's Affordable Homecare LLC before?  Yes  No
- Have you ever cared for an elderly or disabled person?  Yes  No
- How did you hear about Chrisel's Affordable Homecare LLC? \_\_\_\_\_
- Have you ever been discharged by a prior employer?  Yes  No If yes, please state the name of the employer and reason: \_\_\_\_\_
- Have you ever been convicted of a crime involving violence or dishonesty in a state court or federal court in any state?  Yes  No If yes, please provide additional information below: \_\_\_\_\_
- Have you ever been subject to any decision imposing disciplinary actions by licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction?  Yes  No If you answered yes, please provide additional information: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Read Carefully and Sign Below**

Please do not respond to the flowing 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, dismissal, or other action pursuant to employment agency policy and procedure, and subject to criminal penalties as prescribed by law."***

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

OFFICE USE ONLY	
Interview By	Date / /
Comments	
Salary wages	Will Report
Employment Manager	Date