

LIST NAME AND ADDRESS OF SCHOOLS	# of years Completed	Diploma/ Degree Certificate	Subject Studied
High School or GED _____			
College or University _____			
Vocational or Technical _____			
What skills or additional training do you have that are related to the job for which you are applying? _____			

List names of employers in consecutive order with present or last employer listed first. PLEASE GIVE MONTH AND YEAR.			
1. NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS	CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT: FROM		TO	
SUPERVISOR		TELEPHONE	REASON FOR LEAVING
2. NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS	CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT: FROM		TO	
SUPERVISOR		TELEPHONE	REASON FOR LEAVING
3. NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS	CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT: FROM		TO	
SUPERVISOR		TELEPHONE	REASON FOR LEAVING

Initials: _____

Have you worked or attended school under any other name? Yes No

If yes, give names :

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain : _____

Give three references, not relatives or former employers.

Name Address Phone

1. _____

(____) _____ - _____

2. _____

(____) _____ - _____

3. _____

(____) _____ - _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that each employee is thoroughly screened and must meet and adhere to our employment requirements:

National Sex Offender Registry Search

Background Screening

Motor Vehicle Record Check (for any caregiver that would need to transport a client)

Pass a drug test

Physical with TB Screening

Have current CPR

Have reliable transportation

Signature _____

Date ____/____/____

Initials: _____

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Graceful Living Home Care.

Type of Transportation you have / will use for home visits: _____

Do you have any allergies that would affect your work at GLHC? No. Yes.

If yes, please list here: _____

Do you have a problem working with a client who smokes? No. Yes

How many hours are you willing to work per week? _____

Locations willing to work (circle all that apply)

Hartford County

Bloomfield
East Hartford
New Britain
Windsor
Avon
East Windsor
Farmington
Hartford
West Hartford
Newington
Rocky Hill
Plainville

Initials: _____

Please Check (X) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THURS	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Initials: _____

Graceful Living Home Care Telephone Reference Check

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of first Professional Reference To Be Contacted _____ Title _____

Company Name _____

Phone (____) - ____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Graceful Living Home Care, LLC

_____/_____/_____
Applicant Signature Date

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of second Professional Reference To Be Contacted _____ Title _____

Company Name _____

Phone (____) - ____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Graceful Living Home Care, LLC

_____/_____/_____
Applicant Signature Date

Initials: _____

PERMISSION TO DO EMPLOYMENT CREDIT/BACKGROUND CHECK.

We have given you this form because we want to do a credit/background check on you as part of the employment process. Federal law 15 US Code 1681, at saq allows an employment credit/background checking for limited purposes of hiring, transfer, retention, or promotion. That law places certain requirements on employers. First, they must obtain written permission from you to do the credit check. If something is found, that could cause an adverse action to be taken, the employer must give you a copy of the consumer report including the information on your federal law rights regarding credit reports. If we take an adverse action we will give you a form advising you of that fact. Your signature below authorizes us to do this credit /background check.

The agency chosen to do this credit/background check Intelius Screening Solutions LLC DBA TalentWise . They will check many sources of information about you. Among those sources may be retail credit reports, rental history , criminal records, driving records, financial, legal, medical, military or naturalization records, previous employers. Professional certifications and educational verifications, if any state law applies to this consumer report. It will be listed..

Release, and Authorization

I hereby authorize any employer, law enforcement agency, state agency, institution, or credit information Bureau or other agency that has information on knowledge of me to provide that information to Intelius Screening Solutions. Specific permission is granted to any state or federal agency including, but not limited to any state Worker's Compensation boards, registry or Department of Motor Vehicles, and any educational institutions to release information on me to Intelius Screening Solutions. This authorization shall be valid one year from the date signed and a photocopy or facsimile transmission shall be as valid as the original. The following information is complete and accurate. I understand that a credit investigation will be completed and a false or misleading statements are sufficient grounds for the denial of my application.

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Previous Address: _____ City: _____ State: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ Home Phone: _____

Current Employer: _____ From/To: _____

Address: _____ Phone #: _____

College or Professional Education: _____

College or two School Address: _____

Degree or Certification: _____ Date: _____ School Phone: _____

Signature: _____ Date: _____