A Better Solution In Home Care

EMPLOYMENT APPLICATION

PERSONAL DATA

Legal Name (Last)	(First, MI)		Position Applied For:	
Address (List all addresses from past seven (7) years – Use back of form if necessary.				
Current Address - Street	City	State	Zip Code	Years at Address
Previous Address – Street	City	State	Zip Code	Years at Address
Home Telephone No.	Current Work Telephone No.		Cellular Telephone No.	
Email Address:	Can you produce evidence of the right to work while in the U.S.? ❑**Yes** ❑**No**		Are you at least 18 years of age? ❑**Yes** ❑**No**	
What type of work are you interested in? ❑ **Full Time** ❑ **Part Time** ❑ **Per Diem**	Date you will be available for work?		Have you ever held a position with ABS? ❑**Yes** ❑**No** If Yes, what position?	

EDUCATION

School Name (*City, State Required*)	**Major/Minor**	**Graduate**	**Type of Degree**	**Grade Point Average**
		❑ **Yes** ❑ **No** ❑ **GED**		
		❑ **Yes** ❑ **No**		
		❑ **Yes** ❑ **No**		

EMPLOYMENT ***List all employment during the past 5 years. If you need more space, use additional paper.***

(1) Employer's Name	Street Address	City	State Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.	Dates of Employment (mm/yy) From: / to /
Reason for Leaving:	Duties:		
(2) Employer's Name	Street Address	City	State Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.	Dates of Employment (mm/yy) From: / to /
Reason for Leaving:	Duties:		
(3) Employer's Name	Street Address	City	State Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.	Dates of Employment (mm/yy) From: / to /
Reason for Leaving:	Duties:		

LANGUAGES

Language #1	❑ Speak ❑ Read ❑ Write	Language #2	❑ Speak ❑ Read ❑ Write	Language #3	❑ Speak ❑ Read ❑ Write

BUSINESS REFERENCES

Name	Job Title	Address	Telephone Number

PLEASE INDICATE YOUR SCHEDULE AVAILABILITY, TRAVEL AVAILABILITY AND SKILLS

Please check DAYS available	❑ Sun	❑ Mon	❑ Tue	❑ Wed	❑ Thu	❑ Fri	❑ Sat	**Comments:**	
Please check SHIFTS available	❑ Morning	❑ Afternoon	❑ PM	❑ Night	❑ 1-2 hours	❑ 2-4 hours	❑ 4 –8 hrs.	❑ 8-12 hrs.	**Other:**
Number of WEEKENDS available to work per month					**Which holidays are you available to work?**			❑ **New Year's Day** ❑ **Memorial Day** ❑ **Independence Day** ❑ **Labor Day** ❑ **Thanksgiving Day** ❑ **Christmas Day**	
How many MILES are you willing to drive to and from work?					**Comments:**				

CLIENTS YOU ARE NOT WILLING/ABLE TO WORK WITH

❑ Dementia/Alzheimer's	❑ Smokers
❑ Mental Retardation	❑ Pets (*Specify)*: ❑ Cats ❑ Dogs ❑ Other:
❑ Behavioral Disorders	❑ Females
❑ Elderly (over 65)	❑ Males
❑ HIV Positive/AIDS	❑ Client use of medically prescribed marijuana
❑ Other (*Specify)*:	

TRANSPORTATION

What type of transportation do you use?	❑ Car ❑ Bus ❑ Bike ❑ Other:
Do you have a valid Driver License? ❑ Yes ❑ No	Are you willing to escort a client on public transportation? ❑ Yes ❑No
Are you willing to transport clients in your private vehicle? ❑ Yes ❑ No	Comments:
Do you have auto insurance? ❑ Yes ❑ No	
Are you willing to drive a client's vehicle? ❑ Yes ❑ No	

AUTHORIZATION AND UNDERSTANDING

RELEASE OF PRIOR PERSONNEL INFORMATION

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand that A Better Solution may verify any of the information concerning my employment, education and/or criminal history with the appropriate individuals, organizations or governmental agencies. I give these individuals, organizations or governmental agencies my permission to release any information that is needed, including my previous disciplinary record, without requiring them to contact me or give me a written notice before revealing the information to A Better Solution. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

AT-WILL EMPLOYMENT STATUS

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS AGREEMENT MAY ONLY BE CHANGED BY THE PRESIDENT/CEO OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT/CEO. I agree that I shall be bound by the other rules, regulations, and terms and conditions of employment of the company as they are from time to time changed and that no additional obligations can be imposed by me on the company except those which have been acknowledged, in writing, by the company CEO/President or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the result of my pre-employment physical (if such physical is required) is known.

RELEASE FOR REFERENCE CHECKS

I authorize A Better Solution to contact my previous employers for work-related references.

RELEASE FOR BACKGROUND SCREENING

I authorize A Better Solution to verify any information that I provide in connection with my employment. I release A Better Solution and its authorized representatives of all liability resulting from the use of background information about me for employment purposes.

Applicant's Signature _____ Date _____