

Comfort Keepers®

Qualified applicants are considered for all positions. Comfort Keepers is an equal opportunity employee. All questions must be answered and application signed.

Position(s) Applied for _____ Date of Application ___/___/___

Referral Source: Advertisement Employee Relative Walk-In
 Government Employment Agency Private Employment Agency
 Internet Other _____

Name: _____ Social Security Number : ___ - ___ - ___
Last First Middle

Current Address: _____ City: _____ Postal Code: _____
Number Street

Previous Address: _____ City: _____ Postal Code: _____
Number Street

How long at this address? _____

Phone Number: (____) _____ If necessary, best time to call you at home: _____

Alternate Phone Number(s): _____

What date are you available for employment? _____ Date: ___ / ___ / ___

Type of employment desired: (check all that apply) Full time Part time Temporary Seasonal

Are you able to work overtime if required? Yes No

Have you previously applied for a position at Comfort Keepers? Yes No When? _____

Have you previously worked at Comfort Keepers? Yes No When? _____

Are you eligible to work in the United States? Yes No

(Proof of eligibility will be required before you can be employed.)

Are you presently on layoff and/or subject to recall from any other company? Yes No

If yes, please explain: _____

Have you ever been convicted of/or pleaded guilty to a crime (other than minor traffic violations) in the past seven years? Yes No If yes, please explain: (give date, location, charge, etc.) _____

(Conviction will not necessarily disqualify you for employment)

If the job requires, do you have a valid driver's license? Yes No

DL# _____ Type: _____ State of Issue _____

Have you had any moving violations in the past 3 Years?

If yes, please describe _____

Do you have any relatives currently employed by Comfort Keepers? Yes No

If yes, please list: _____

Person to be contacted in case of an emergency: Relationship: _____

Name: _____ Telephone #: (____) _____
Last First Middle

Address: _____ City: _____ Zip : _____
Number Street

Educational Background:

Type of School	Name/City	How Many Years Attended	Graduated	Course or Major
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

Employment History:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

Employer:	Telephone: ()	<u>Dates Employed</u> Month & Year		Summarize the nature of the work performed and job responsibilities
		From	To	
Address:				
Job Title:		Hourly Rate/Salary Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for leaving:		Hourly Rate/Salary Final		
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer:	Telephone: ()	<u>Dates Employed</u> Month & Year		Summarize the nature of the work performed and job responsibilities
		From	To	
Address:				
Job Title:		Hourly Rate/Salary Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for leaving:		Hourly Rate/Salary Final		
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer:	Telephone: ()	<u>Dates Employed</u> Month & Year		Summarize the nature of the work performed and job responsibilities
		From	To	
Address:				
Job Title:		Hourly Rate/Salary Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for leaving:		Hourly Rate/Salary Final		
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments and other skills and qualifications (including explanation of any gaps in employment):

References:

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you, whom have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years known	Relationship

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Comfort Keepers other than the owner(s) is authorized to make any assurances or promises of continued employment and any such assurances must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Comfort Keepers.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Comfort Keepers.

I give the employer and /or its agents, including consumer and credit reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, financial and credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post accident occurrences.

The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, provincial, or federal law.

Signature of Applicant _____ Date ____/____/____