



Office: 478-274-0731/Fax: 478-275-9102/ Toll Free: 1-800-749-8829

## Application for Employment

Federal and State laws prohibit discrimination in employment because of race, color, creed, age, sex, marital status, national origin, physical or mental impairment or medical condition.

Please fill out all of the sections below: (Write Clearly)

Application Date: \_\_\_/\_\_\_/\_\_\_

### Applicant Information

Last Name:	First Name:	Middle Name:
Address:		
City:	State:	Zip Code:
Social Security Number:		
Home Phone:	Cell Phone:	
Email Address:		
<b><u>Emergency Contact Information</u></b>		
1. Name:	Address:	Phone Number:
2. Name:	Address:	Phone Number:

### Personal Information

Have you ever applied to or worked for We-Touch Visiting Caregivers, Inc. before? <b>Yes or No</b>
If yes, when? _____
Have you ever applied under a different name? <b>Yes or No</b>
If yes, state the name? _____
Can you safely perform the essential functions of the position in which you are applying? <b>Yes or No</b>
If No, Explain: _____

### Employment Request

**Position(s) applying for**

(1<sup>st</sup> Choice):

(2<sup>nd</sup> Choice):

Will you accept part-time work? **Yes or No** Will you accept full time work? **Yes or No**

Hours or shift are you available to work? \_\_\_\_\_/\_\_\_\_\_

Days available for work? \_\_\_\_\_

Do you have reliable Transportation to and from work? **Yes or No**

How did you hear about this position?

- Facebook
- Google
- Friend
- Other \_\_\_\_\_

Are you a United States citizen or a legal Alien with rights to work on the job in which you are applying? **Yes or No**

**\*Pursuant to the Immigration Reform and/or Control Act of 1986, all applications, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than (72) seventy-two hours after commencement of employment. You will be required to sign 1-9 (issued by the Federal Government) verifying, under oath, your employment authorization:**

Since the age of 18, have you ever been convicted of a felony? **Yes or No**

If yes, please give date(s) \_\_\_\_\_

**Note:** A Conviction will not necessarily bar you from employment

Have you ever been discharged from a job; if yes, please give date(s) and explain.  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Training**

**Elementary**

Name	Location (city, State)	Year Graduated	Degree Earned

**High School**

Name	Location (city, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (city, State)	Year Graduated	Degree Earned

**Technical/Vocational School/Specialized Training**

Name	Location (city, State)	Year Graduated	Degree Earned

**Experience**

Give a complete and accurate record of all present & past

employers within the **past (5) years.**

**\*Note: if unemployed, ex: 04/19 - 12/21 "unemployed"**

From Mo./ Yr.	To MO./Yr	Employer/ Address/ Phone Number	Position	Supervisor	reason for leaving	DO Not Write Office Only

**\*\*May We Contact Your Present Employer for a Reference? Yes or No**

**References**

Please provide 3 personal and professional references(s) below:

Name:	Phone:	Occupation:
Name:	Phone:	Occupation:
Name:	Phone:	Occupation:

**LICENSE, REGISTRATION, CERTIFICATIONS**

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<b>TYPE</b>	State Issued	Date	Number	Verified
<b>TYPE</b>	State Issued	Date	Number	Verified
<b>TYPE</b>	State Issued	Date	Number	Verified

**Area of Specialized or Major Interest:**

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**AFFIDAVIT #1:** I certify that the answer given by me to the foregoing questions and statements are true and correct without consequential omission of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in the questionnaire. I authorize employers, companies, schools, or persons named above to give any information regarding my employment, together with any information regarding my employment, together with any information they might have regarding me whether or not it is in their records. "I hereby release said employees, schools, companies, or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand a condition offer of employment may be based on results of a later medical examination. In addition, if accepted for employment, I hereby agree to abide by the rules and the policy of my employer. Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. In addition, should my employer be not or become subject to the conditions of the Drug- Free Workplace Act of 1988, I agree to abide by such established policies related thereto.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AFFIDAVIT #2:** I never have shown by credible evidence (e.g., a count or injury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

**DO NOT WRITE BELOW THIS LINE**

CPR YES { } NO { }  
First Aide YES { } NO { }  
Transportation YES { } NO { }

Hired: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Hire date \_\_\_\_\_

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

Interviewed by: \_\_\_\_\_