

STAFFING ON THE GO

EMPLOYMENT APPLICATION

All information on this application will be kept confidential. Please print all information clearly.

Name:
Street Address:
City:
State:
Zip:
Mailing Address (if different from above):
Telephone Number Cell:
Home Number:
E-mail address if available:

Do you have a Social Security Card? () Yes () No

Do YOU have a valid driver's license? () Yes () No

If yes, do you own transportation? () Yes () No

Can you perform the duties of the job described in the attached job description with or without reasonable accommodation? () Yes () No () uncertain

Have you worked with disabilities? () Yes () No

If yes, what did you do?

Describe any training or experience you have had as a personal care aide:

What hours /days are you available to work?

Please give two references other than a relative:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Have you been convicted of a crime other than minor traffic violation?

Yes () No ()

Applicant's Signature: _____ Date: _____