

TOTAL CARE APPLICATION FOR EMPLOYMENT

Fill out application form completely. If questions are not applicable enter "NA", **do not leave questions blank**. Be sure to sign when completed. Total Care is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, veteran's status, citizenship, or disability in employment. If applying for more than one position, you may make copies of the application and enter different position titles, but each copy must be signed and dated.

Position Applied For: _____	Date of Application: _____
Referred By: Newspaper Ad ___ Internet ___ Total Care Employee ___ School ___ Walk-in ___ Other _____	

Name _____
(Last) (First) (Middle Initial)

Present Address _____
(Street) (City) (State) (Zip)

() _____ () _____ () _____
Home Phone Work Phone Cell Phone

Current Driver's License _____
(Number) (State) Social Security Number

Have you ever used any other name(s) for school or work? Yes No
 If yes, please list other name(s) _____

Are you seeking: Full-Time Part-Time Temporary Date available for work? _____

Are you willing to work: Days Evening Nights Overtime Weekends Holidays

Are you 18 years of age or older? Yes No If hired, proof of age may be required.

Have you ever worked for Total Care? Yes No If yes, list dates and position _____

If hired, can you provide verification of your legal right to work in the United States? Yes No

Except for minor traffic violations:

1. Have you ever been convicted of a felony or misdemeanor? Yes No
2. Have you ever received deferred adjudication for a felony or misdemeanor charge? Yes No
3. Have you ever been placed on probation? Yes No
4. Have you even been arrested by the police? Yes No

If you answered Yes to any of the three preceding questions, describe all incidents on a separate sheet of paper indicating charge, date of conviction, location of court, and disposition.

Do you have any relatives working for Total Care? Yes No If yes, list name(s), relationship, and department where they work. _____

PERSONAL REFERENCES: List 3 individuals, not related to you, that have personal knowledge of your ability to do the work for which you are applying.

NAME	ADDRESS	OCCUPATION	PHONE NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List professional, trade, business, or civic activities and any offices held if related to the job for which you are applying.

EDUCATION: Applicants may be required to provide copies of diploma, degree, transcripts, licenses, certifications, and registration. Do you graduate from high school? Yes No If no, do you have a GED? Yes No

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate/Legal/Professional				
Other				

Special Training/Skills/Qualifications: List any job related training or operational skills you possess, such as office equipment and machines, types of computer software/hardware, maintenance equipment, etc. _____

Computer programs you are familiar with _____

Computer programs you are proficient in _____

List any job related licenses, certifications, or registrations (exclude diver's license). Indicate issuing state and expiration date. _____

Typing: _____ WPM Ten Key: _____ By touch _____ By sight

Do you ___ speak ___ read ___ write a language other than English? Yes No

If yes, which language(s) _____

EMPLOYMENT RECORD: Start with your present or most recent job and list all jobs held. Attach separate sheets if more space is needed. Include any job related military service assignments and volunteer activities.

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

APPLICATION'S STATEMENT:

I certify that the foregoing statements, and those on any attachment(s) to this form, are true and complete to the best of my knowledge and are given by my own free will. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Total Care is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application may be basis for dismissal from employment.

Signature of Applicant

Date