

# Compassionate Senior Care, LLC

## Employment Application Form

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**  
**A CRIMINAL BACKGROUND CHECK WILL DONE ON ALL EMPLOYEES PRIOR TO HIRE**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE ALL PAGES.

DATE \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle Maiden

Present address \_\_\_\_\_

Number

Street

City

State

Zip

Email address \_\_\_\_\_

How long \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_

and salary desired (2) \_\_\_\_\_

(Be specific)

Days/hours available to work

No Preference      Thur \_\_\_\_\_

Mon \_\_\_\_\_      Fri \_\_\_\_\_

Tue \_\_\_\_\_      Sat \_\_\_\_\_

Wed \_\_\_\_\_      Sun \_\_\_\_\_

Can you work nights? \_\_\_\_\_

How many hours can you work weekly?

FULL-TIME ONLY

PART-TIME ONLY

FULL- OR PART-TIME

Employment desired

Date available for work?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

No

Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?

Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license

number \_\_\_\_\_ State of issue \_\_\_\_\_

Operator

Commercial (CDL)

Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

**Personal references**

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

**Work experience**

Please list your work experience beginning with your most recent job held.  
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer?  Yes  No

If no, why not \_\_\_\_\_

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Please mail to:

736 S. Michigan Ave. Suite 6 Howell, MI 48843” or FAX to 517-545-5500

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