

FRIENDLY COMPANION

Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date			
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
Date Available				Social Security No.			Desired Salary				
Position Applied for											
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain						

EDUCATION

High School				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
College				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
Other				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature _____ Date _____

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

Companionship	yes	no
Vacuuming	yes	no
Laundry	yes	no
Bathing/dressing	yes	no
Dusting	yes	no
Grocery shopping	yes	no
Grooming	yes	no
Clean bathrooms	yes	no
Cooking	yes	no
Incontinence	yes	no
Clean kitchen	yes	no
Driving	yes	no
Transfer assist	yes	no
Bed linen changes	yes	no
Medication reminders	yes	no