



APPLICATION FOR EMPLOYMENT

– An Equal Opportunity Employer –

Compassionate Care, Inc. does not discriminate against its employees, or applicants for employment, because of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

PERSONAL

Name: _____ Date: _____
Last First Middle Initial

Current Address: _____ Telephone: (____) _____
Street City State Zip

Alternate Address: _____ Telephone: (____) _____
Street City State Zip

Position(s) of Interest: _____

How did you learn about Compassionate Care?

☐ Advertisement _____ ☐ Friend/Relative ☐ Compassionate Cottage Employee
☐ Employment Office _____ ☐ Walk-In ☐ Other _____

If you have submitted an application before, when? _____ Were you interviewed? ☐ Yes ☐ No

If you have been employed by Compassionate Care before, when? _____

What job(s)? _____

When could you be available for work? ☐ Immediately ☐ After _____ weeks notice. ☐ On or after _____
Specify date

Are you interested in working (**check all that apply**) ☐ Full Time ☐ Part Time ☐ Temporary ☐ Day Shift
☐ Night Shift

Are you currently on "LAY OFF" status with another employer and subject to recall? ☐ Yes ☐ No

If required by the job, what is your availability to travel? _____

(Explain interest and/or limitations)

EDUCATION AND TRAINING

	Name and Location	Course of Study	Length of Attendance	Certificate/Diploma/Degree
High School				
College/Tech./Trade School				
Other (specify type)				

ADDITIONAL TRAINING

Describe any additional training received through seminars, workshops, on-the-job training, apprenticeship programs, etc.

EXPERIENCE

Employment: Starting with present or last job, provide the information requested. You may limit your listing to the previous 5 years.

1. Employer	Dates _____ to _____	Hourly Rate/Salary Starting _____ Final _____
Location	Position(s) _____ Work Performed _____	
Telephone	_____	
Supervisor	_____	
Reason for Leaving	_____	

2. Employer	Dates _____ to _____	Hourly Rate/Salary Starting _____ Final _____
Location	Position(s) _____ Work Performed _____	
Telephone	_____	
Supervisor	_____	
Reason for Leaving	_____	

3. Employer	Dates _____ to _____	Hourly Rate/Salary Starting _____ Final _____
Location	Position(s) _____ Work Performed _____	
Telephone	_____	
Supervisor	_____	
Reason for Leaving	_____	

Additional Work Experience May Be Listed On A Separate Page—Copy This Form Or Provide The Same Information On Plain Paper

We may contact the employers listed above. List the identifying number(s) of any you would not want contacted.

Reason(s): _____

ADDITIONAL SIGNIFICANT EXPERIENCE:

List trade, professional, business, community activities you feel are relevant. Include responsibilities and training received. You need not disclose any activities which might identify you as a member of a protected class.

ADDITIONAL INFORMATION (Optional):

Include any additional information you feel may be helpful in assessing your qualifications for employment.

REFERENCES

List individuals who can verify your skills and character. Include how they know you. Do not include people who are only personal friends.

- | | | |
|----|-----------|------------------|
| 1. | _____ | _____ |
| | (Name) | Telephone Number |
| | _____ | _____ |
| | (Address) | (How Known) |
| 2. | _____ | _____ |
| | (Name) | Telephone Number |
| | _____ | _____ |
| | (Address) | (How Known) |
| 3. | _____ | _____ |
| | (Name) | Telephone Number |
| | _____ | _____ |
| | (Address) | (How Known) |

APPLICANT'S STATEMENT

I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that false or incorrect information in this application can be grounds for disqualification from further consideration or for dismissal from employment. I hereby authorize my former employer(s), reference(s), school(s), and any other individual or organization to provide information solicited by Compassionate Care, Inc. and I hereby release and discharge each of the above, including the company, from any liability of any kind or nature.

I agree that nothing contained in this application or in the interview process is intended to create an employment contract between Compassionate Cottage and me. Should this application result in my employment, I have the right to terminate my employment at any time and for any reason and the company retains a similar right. Thus, any employment relationship with the company is of an "at will" nature. No representative of Compassionate Care, Inc. other than the Owner has any authority to enter into any agreement with you for any specified period of time or to guarantee any other employment condition or benefit. Agreements must be in writing. I agree that this entire statement applies to the period prior to or after employment.

I understand that employment at Compassionate Care, Inc. is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States as well as my ability to perform the functions of the job for which I am hired.

I understand that as a condition of employment I may be required to sign statements assuring the confidentiality of company information, my agreement not to enter into other relationships in direct competition with the company. I agree to sign whatever documents may be required.

I hereby acknowledge that I have read and understand each of the above statements.

Signature of Applicant _____ Date _____