



Care4All Community Care, Inc.

Serving You @ Home!

APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No applicant will be excluded due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under Local, State or Federal law.

Date of Application ___/___/___ Position applied for _____

How did you hear about us? _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Telephone Numbers: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Mobile Other

Are you legally authorized to work in the U.S.? YES _____ NO _____

NOTE: You will be required to furnish documents to verify your eligibility in accordance with the Immigration Reform and Control Act. Your employment is contingent upon furnishing such documents. Only applicants legally authorized to work in the United States will be considered for employment.

What schedule are you available to work: Full Time Part Time Temporary

Are you at least 18 years of age? Yes No

Can you travel if a job requires it? Yes No

Are you presently employed? Yes No

If so, may we contact your employer? Yes No

Have you lived outside of Georgia in the past ten years? Yes No

If yes, what State or Country _____

Have you ever worked for Care4All Community Care? Yes No

If yes, when and reason for separation: _____

Have you ever been convicted of a crime other than a minor traffic violation or are there any pending charges against you? Yes No (A conviction does not automatically bar you from employment)

If yes, please provide a detailed explanation including dates, charges, places, court/s, etc. Use a separate page if needed.

If hired, when will you be available for work?

What are your salary expectations?

Hourly Applicants \$ _____ per hour

Salaried Applicants \$ _____ per year

EMPLOYMENT HISTORY

Please list your complete employment history. List present or most recent employer first. Use additional page if necessary.

Employer:			
Address:		City	State Zip Code
Phone:		Supervisor:	
() _____ - _____			
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving
From: To:			

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	
From:				
To:				

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	
From:				
To:				

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	
From:				
To:				

Employer:				
Address:		City	State	Zip Code
Phone:		Supervisor:		
() _____ - _____				
Employed: (Mo/Yr)	Type of work performed	Present / Last Salary	Reasons for Leaving	
From:				
To:				

Employer:			
Address:		City	State Zip Code
Phone: () _____ - _____		Supervisor:	
Employed: (Mo/Yr) From: To:	Type of work performed	Present / Last Salary	Reasons for Leaving

Employer:			
Address:		City	State Zip Code
Phone: () _____ - _____		Supervisor:	
Employed: (Mo/Yr) From: To:	Type of work performed	Present / Last Salary	Reasons for Leaving

Education:

Schools	Name/Location	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High school				
Undergraduate College				
Graduate/Professional				
Others (Specify)				

Describe any job-related training received in the United States Military, if applicable.

Describe any specialized training, apprenticeship skills and extra-curricular activities that may be useful to the position applied for:

Do you have other skills relevant to the position for which you are applying?

Professional References:

1. _____
Name Address Phone Number Occupation

2. _____
Name Address Phone Number Occupation

3. _____
Name Address Phone Number Occupation

Personal References:

1. _____
Name Address Phone Number Occupation

2. _____
Name Address Phone Number Occupation

3. _____
Name Address Phone Number Occupation

Additional Information / Community Involvement

List professional, trade, business or civic activities and offices held. You may exclude memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Summarize special job-related and qualifications acquired from employment or other experiences.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that falsification, omission or misstatement of information may result in refusal to hire, or, if hired, termination of employment.

I hereby give permission to Care4All Community Care Services, Inc. to conduct a personal check on my background including but not limited to, information as to my criminal background, character, general reputation, personal characteristics and mode of living, discerned through County, State and Federal records check, employment and education verifications, professional references, personal interviews, work history, business and personal records, and hold harmless the above referenced. This information will be obtained and used to verify information I have provided to Care4All Community Care, Inc. I understand that any offer of employment is contingent upon the results of the aforementioned background checks.

This application is considered active for 60 days, if the position remains open and an applicant has new information and wishes to re-apply, a new application is required after 60 days of the initial application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Care4All Community Care, is of an "at will" nature, which means that, I (the employee) may resign at any time and the company (the employer) may terminate my (the employee) employment at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by either the President/C.E.O. or the C.F.O. of the company. I further understand that I am required to abide by all rules and regulations of the employer.

_____/_____/_____
Signature of Applicant Date

APPLICANT STATEMENT FOR RELEASE OF INFORMATION

Full Name of Applicant: _____

Previously used names (nicknames, maiden name, etc) _____

DOB: _____ SS#: _____ DL # & State: _____

DMRS PERPRETRATOR LIST

I _____ certify and affirm that to the best of my knowledge and belief I

have or have not (circle one)

had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize **Care4All Community Care**. to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me, of abuse, neglect, mistreatment, or exploitation.

GEORGIA PAROLEE DATABASE GEORIGA SEXUAL OFFENDER REGISTRY NATIONAL SEX OFFENDER REGISTRY GEORIGA RESIDENTIAL ADDRESS SEARCH GEORGIA DEPARTMENT OF CORRECTION DATABASE

I _____ authorize **Care4All Community Care**. to
Name

perform a background search on me through Georgia's Abuse and Neglect Registry; Georgia's Sexual Offender Registry, Georgia's Felony Database, Motor Vehicle Records and Georgia Bureau of Investigation's Criminal History Records using the information provided above.

Signature of Applicant

Date

Witness

Date

Results Verified by _____ Date Verified _____



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EMPLOYEE EMERGENCY CONTACT FORM

Social Security Number: _____ - _____ - _____ Dept: _____

Name: _____
Last First MI

Phone: _____ Cell: _____ Email: _____

***** **CONTACT PERSON(S)** *****

Primary Contact Person: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Alternate Contact Person: _____

Phone: _____ Cell Phone: _____

***** **HEALTH** *****

Health Alert:

Please return completed form to be included in your Personnel file. This information will be used only in a confidential manner

Remember to complete an updated form at such time the information above changes