

PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE

# EMPLOYMENT APPLICATION

APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

Telephone ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Applied For \_\_\_\_\_ Date of Birth \_\_\_\_\_  
M D Y

Salary Desired \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Days/Hours available to work:  
No. Pref \_\_\_\_\_ Thur \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tues \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**WORK EXPERIENCE**

**\*\*List your last 2 previous jobs. Please include phone numbers for all jobs listed**

**Name of employer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone**  
**Number** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZipCode** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Pay/Salary** \_\_\_\_\_ **Name of last Supervisor** \_\_\_\_\_

**Duties performed** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of employer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone**  
**Number** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZipCode** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Pay/Salary** \_\_\_\_\_ **Name of last Supervisor** \_\_\_\_\_

**Duties performed** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**May we contact your present employer?**       **Yes**     **No**  
**Did you complete this application yourself?**     **Yes**     **No**

**If not, who did?** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reference Card**

**TO BE COMPLETED BY APPLICANT**

---

<b>Applicants Name</b>	<b>Social Security Number</b>
------------------------	-------------------------------

---

<b>Previous Employer</b>	<b>Address</b>	<b>Telephone #</b>
--------------------------	----------------	--------------------

---

<b>From:</b>	<b>To:</b>
--------------	------------

---

<b>Dates of Employment</b>	<b>Position(s) Held</b>
----------------------------	-------------------------

**I hereby authorize you to disclose any information concerning my employment with your agency to Shore Home Care, Inc. I understand this is in accordance with all applicable Federal and State laws.**

---

<b>Applicant Name (Please Print)</b>	<b>Signature</b>	<b>Date</b>
--------------------------------------	------------------	-------------



**Because we care so much about pleasing our clients we are asking you to help.....**

**The applicant named above has applied for a position with Shore Home Care, Inc. and has listed you as a previous employer. We would appreciate your assistance in verifying this applicant's employment and evaluation of his/her job performance so that we will be able to maintain our standards for offering the highest caliber of personnel. All information provided will be held in the strictest of confidence. Thank You.**

**Does the information below correspond with your records?    { } Yes    { } No**

**From                      To**

---

<b>Dates of Employment</b>	<b>Position (s) held</b>
----------------------------	--------------------------

---

<b>Employment Verified by</b>	<b>Title</b>	<b>Date</b>
-------------------------------	--------------	-------------

**Reference Card**

**TO BE COMPLETED BY APPLICANT**

---

**Applicants Name** **Social Security Number**

---

**Previous Employer** **Address** **Telephone #**

**From:** **To:**

---

**Dates of Employment** **Position(s) Held**

**I hereby authorize you to disclose any information concerning my employment with your agency to Shore Home Care, Inc. I understand this is in accordance with all applicable Federal and State laws.**

---

**Applicant Name (Please Print)** **Signature** **Date**



**Because we care so much about pleasing our clients we are asking you to help.....**

**The applicant named above has applied for a position with Shore Home Care, Inc. and has listed you as a previous employer. We would appreciate your assistance in verifying this applicant's employment and evaluation of his/her job performance so that we will be able to maintain our standards for offering the highest caliber of personnel. All information provided will be held in the strictest of confidence. Thank You.**

**Does the information below correspond with your records?    { } Yes    { } No**

**From** **To**

---

**Dates of Employment** **Position (s) held**

---

**Employment Verified by** **Title** **Date**

