



EMPLOYEE APPLICATION

Name: _____

Email: _____

The following items will be needed upon hire:

- Driver's License/State ID
- Social Security Card
- Proof of Auto Insurance
- Current CPR Card
- Professional License or Certificate
- Current TB Test or Chest X-Ray
- Voided Check for Direct Deposit

Federal and State laws prohibit discrimination in employment because of race, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin, veteran status, and citizenship status. We are an equal opportunity employer. Applicants may request accommodations needed to apply for work.

APPLICANT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security: _____

Emergency Contact: _____

Phone Number: _____

*Have you lived in another state in the past 5 years? _____ Where? _____

EMPLOYMENT

Position Applying For: _____ Rate Desired: _____

Type of Employment: Full-Time Part-Time

How did you hear about Elite? Friend Facebook Client Indeed

Are you a U.S Citizen or Authorized to work in the US? Yes No

Have you ever been employed under another name? Yes No

Have you applied to our company before? When? _____ Yes No

Have you been convicted of a crime within the last seven years? Yes No

EDUCATION INFORMATION

Education	School Name	City & State	Years Attended	Degree or Subjects Studied
High School				
College				
Graduate				
Other				

EMPLOYMENT HISTORY

Are you employed now? Yes No May we contact your present employer? Yes No

Please provide the following requested information regarding your employment history for up to the last ten years. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender national origin, ancestry, age, disability, or other protected status.

Employment Dates Start date-End date	Name, Phone Number &Address of Employer	Position or Job Title	Reason For Leaving

*Are you fluent in any other languages? _____ If yes, please specify _____

*Are you Licensed in any other states? _____ If yes, please specify _____

PROFESSIONAL REFERENCES

Please provide the names, addresses and phone numbers for three people not related to you who can provide information relative to your ability to perform work.

Name & Relationship	Address	Phone/Fax

PLEASE READ CAREFULLY

My signature indicates that I understand and agree to all the conditions listed below.

I certify that all the foregoing statements are true and correct to the best of my ability. I understand that misrepresentations or omission of facts is cause for denial of employment or dismissal.

I understand that inquiries will be made by former employers and references regarding work performance and of educational institutions regarding transcripts. I release from all liability all persons, companies and corporations and educational institutions supplying such information. Additionally, I will indemnify and hold harmless the company and its officers, directors, employees, and agents against any liability, which might result from making such an investigation.

I understand that if employed at Elite Care, my employment is at will and that I or the company can terminate the employment relationship, with or without cause, at any time, with or without prior notice.

Applicant Signature: _____ Date: _____

Employer Signature: _____ Date: _____

EMPLOYEE AVAILABILITY

R.N. L.P.N. C.N.A. Other (Specify) _____

Day	Earliest Start Time	Latest End Time	Open/None if applicable
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Remarks: _____

EMPLOYEE CONTACT FORM

Employee Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Primary Emergency Contact

Name: _____ Relationship to Employee: _____

Daytime Phone: _____ Evening Phone: _____

Secondary Emergency Contact

Name: _____ Relationship to Employee: _____

Daytime Phone: _____ Evening Phone: _____