

# Tender Care

"Caring Makes A Difference"

## Application for Employment

**Please Print**

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Social Security# \_\_\_\_\_  
           Last                      First                      MI

Address \_\_\_\_\_  
   Street    City    State/Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Cell/Beeper/ Other # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

If you are under 18, and it is required can you furnish a work permit?.....Yes No  
 If no please explain. \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and positions. ....Yes No  
 Dates: \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Are you legally eligible for employment in this country?..... Yes No  
 Date available for work \_\_\_/\_\_\_/\_\_\_ Hours available for work \_\_\_\_\_

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position?.....Yes No

Have you ever pled "guilty", or "no contest" to, or been convicted of a crime?.....Yes No

If yes, please provide date(s) and details \_\_\_\_\_

*\*\*Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

**How did you learn about Tender Care, Inc.?**

Ad (Publication): \_\_\_\_\_ TCI Representative (name): \_\_\_\_\_

Other: \_\_\_\_\_

Why did you choose this type of career? \_\_\_\_\_

\_\_\_\_\_

What qualities do you think a good caregiver should have? \_\_\_\_\_

Can you travel? \_\_\_\_\_ What counties can you cover? \_\_\_\_\_

We ask all employees to work every other weekend. Would that be a problem for you? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_ Do you have a criminal history report? \_\_\_\_\_

Are you able to lift an adult patient? \_\_\_\_\_ Are you interested in travel assignments? \_\_\_\_\_

Has your professional license (if required for this position) ever been suspended or revoked? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Please supply employment history for the past five years, starting with most recent.

From:	To:	Employer:	Telephone # ( )
Starting/Final Job Title		Address: _____	
Immediate Supervisor:		Summarize nature of work performed and responsibilities	
Title:			
May we contact for reference? Yes      No      Later		Hourly Rate / Salary Start:\$      Per:      Final:\$      Per:	
Reason for leaving:			
From:	To:	Employer:	Telephone # ( )
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Immediate Supervisor:		Summarize nature of work performed and responsibilities	
Title:			
May we contact for reference? Yes      No      Later		Hourly Rate / Salary Start:\$      Per:      Final:\$      Per:	
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Reason for leaving:			

**Educational Background (if job related)**

School type	Name/Location	# of years completed	Did you graduate?	Course of study
High School				
College				
Other				

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

License/ Certification			
License Type	License Number	State	Expiration Date
Other Certification:		ACLS: Yes No	Expiration Date:
CPR Expiration Date:		Date of last PPD;	

References		
Name	Telephone #	# of years known
	( )	
	( )	
	( )	

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me on this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and so question on this application is used for the purpose of limiting or excusing an applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance the contrary and that so implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer/president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date / /

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby grant permission to Tender Care, Inc. to contact the employer listed and further, I hereby authorize my former and present employer to give any information as to my behavior, performance, and employment record with them. I hereby release from all liability and damages those individuals, companies, or agencies who provide information as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**RECORD OF EMPLOYMENT**

(Applicant DO NOT complete (To be completed by previous/present employer))

EMPLOYER NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SS# \_\_\_\_\_

POSITION HELD \_\_\_\_\_

DATES WORKED \_\_\_\_\_ ELIGIBLE FOR REHIRE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

(PLEASE CHECK) FAVORABLE	5	4	3	2	1	UNFAVORABLE
QUALITY OF WORK						
PRODUCTIVITY	___	___	___	___	___	
DEPENDABILITY	___	___	___	___	___	
INITIATIVE	___	___	___	___	___	
PROFESSIONAL APPEARANCE	___	___	___	___	___	
INTERPERSONAL SKILLS	___	___	___	___	___	
ATTENDANCE/PUNCTUALITY	___	___	___	___	___	

ADDITIONAL COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_