

TRADITIONS HOME CARE, INC.

Application for Employment

EDUCATIONAL INFORMATION

Highest grade completed (Please circle one): 1 2 3 4 5 6 7 8 9 10 11 12
College Attended _____ Type of Course or Major _____
College Attended _____ Type of Course or Major _____
Trade, Business, Night School _____ Type of Course or Study _____
Highest Degree, Diploma or Certificate Received: _____
License or Certification Number: _____ Expiration Date: _____

EMPLOYMENT INFORMATION

Present and former employers: list the most recent first.
May we contact your current employer? Yes No

Employer Name: _____ Dates of employment: _____ to _____
Address/City/State/Zip _____
Job Title and Duties: _____
Supervisor Name and Telephone: _____
Reason for Leaving: _____

Employer Name: _____ Dates of employment: _____ to _____
Address/City/State/Zip _____
Job Title and Duties: _____
Supervisor Name and Telephone: _____
Reason for Leaving: _____

Employer Name: _____ Dates of employment: _____ to _____
Address/City/State/Zip _____
Job Title and Duties: _____
Supervisor Name and Telephone: _____
Reason for Leaving: _____

TRADITIONS HOME CARE, INC.

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List at least three (3) **individuals who are not former employers or relatives** please include complete mailing addresses and telephone numbers to facilitate verification.

References:

This section for human resource only.

Reference verification, comments, date

Name:		
Address:		
Phone Number:		

Name:		
Address:		
Phone Number:		

Name:		
Address:		
Phone Number:		

By signing below, I confirm that the information I have provided in this application is complete and true to my knowledge, and I understand that any false information or deleting any information would disqualify me from consideration for employment and may be justification for my dismissal from employment if discovered following my hire date. I will immediately notify the company if I should be convicted of a felony or any crime that involves dishonest or a breach of trust while my employment application is being processed or during my employment if hired. I understand this is a conditional hire pending the results of my OSBI check (if applicable) and reference checks from my previous employers.

Applicant's Signature

Date

AUTHORIZATION TO CONDUCT CRIMINAL RECORD CHECK AND RELEASE

Authorization to Conduct Pre-Employment Criminal Record Checks. I authorize TRADITIONS HOME CARE, INC. to obtain information from various federal, state, and/or other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. The following is my complete legal name and all information is true and correct. I understand that giving or failing to give any information that is false or misleading will disqualify me from further consideration for employment and shall be grounds for immediate termination of employment if discovered subsequent to my employment.

Print Last Name:		First:		Middle:	
Social Security No:			Driver's Lic. No./State:		
Responses to this section are optional, for ID only:					
Date of Birth: _____		Race: _____		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Aliases, Nicknames, and Former Names Used			Time Frames Used (if applicable)		
Current Address		City/State	Zip	Dates(Month and Year)	
Previous Addresses		City/State	Zip	Dates(Month and Year)	

Release of Liability and Waiver of Right to Take Legal Action. I release TRADITIONS HOME CARE, INC. from any and all liability of any type or nature whatsoever arising out of or relating to its investigation or inquiries conducted pursuant to this Authorization and Release and agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides information about me to TRADITIONS HOME CARE, INC. or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against TRADITIONS HOME CARE, INC. or any of its employees, representatives, or agents arising out of or relating to their efforts to its investigation or inquiries conducted pursuant to this Authorization and Release.

Applicant's Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following requested information is **voluntary and confidential**. It will be kept separately from your application and any subsequent personal file. We collect this information for the sole purpose of creating and maintaining Equal Employment Opportunity and Affirmative Action records. We appreciate your cooperation with our EEO/AA efforts.

Name: _____

Job Held/Applied For: _____

Date: _____

Sex: Female Male

	RACE	Description
<input type="checkbox"/>	African American (Black)	Persons having origins in any of the Black African racial groups: not of Hispanic origin.
<input type="checkbox"/>	Asian or Pacific Islander	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islander.
<input type="checkbox"/>	Caucasian (White, not of Hispanic origin)	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/>	Hispanic	Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Native American (American Indian or Alaskan Native)	Persons having origins in any of the original peoples of North America and who maintain identifiable tribal affiliations through membership, participation or recognition.
<input type="checkbox"/>	Two or more races	Persons who consider themselves members of two or more races.
<input type="checkbox"/>	Other (Please explain at right)	