

Employment Application

Availability: check all that you could work							
Mon	Tues	Weds	Thurs	Fri	Sat	Sun	
Day hours		Evening hours (5-9P)		nights (9P-12MN)		overnights live-in	

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired: Per Diem Number of Hours: _____
 Part Time Number of Hours: _____
 Full Time Number of Hours: _____

 Last Name First Name Middle Initial

 Mailing Address City State Zip Code

(_____) _____ (_____) _____ (_____) _____
 Home Phone Number Cell Phone Number or Work Phone Number

 Email address

 Social Security Number Language skills other than English (written/spoken) Date of Birth

Have you ever been employed here before? Yes or No If yes, when? _____
 Are you legally eligible for employment in the US? Yes No
 If not legal citizen: Do you have a green card? Yes No
 Do you have a social security card? Yes No
 Has your visa expired? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad _____ Which newspaper? Internet _____ Which site?
 Current Employee _____ We'd like to thank them
 Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____
 Relationship: _____
 Home Phone Number: (_____) _____
 Work Phone Number: (_____) _____
 Cell Phone Number: (_____) _____

Right Aid, Inc. an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

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Position: _____ Phone Number: (____) _____
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Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School:	_____			
College:	_____			
Other:	_____			
Other:	_____			

Military Service
Branch of Service: _____ Dates of Service: _____
Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
Special Schooling and/or Duties: _____

Licenses and Certifications	ID Number	Expiration Date	State
1. License or Certification	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Criminal History

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)
 Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date