



APPLICATION FOR EMPLOYMENT

Thank you for your interest in our company! Affinity Family Care, LLC is an Equal Opportunity Employer, and all qualified Applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, age, citizenship, disability or any other basis of discrimination prohibited by applicable law.

All Applicants are required to complete an application even if a resume is attached. Thank you for your cooperation.

Position applied for _____ Hours desired: Fulltime Parttime On-Call/As Needed

Date available for work _____ Shifts Available: Days Evenings Nights Weekends

Date of Application _____ Days Available: Mon Tues Wed Thurs Fri Sat Sun

Personal

Name _____ Social Security # _____

Address _____ Home Phone (____) _____

City/State/Zip _____ Work Phone (____) _____

Email (home) _____ Cell Phone (____) _____

Education & Training

Institution	City/State	Degree Earned	City/State
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Licenses and/or Certifications

Type	License #	State	Expiration Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List other work-related skills or qualifications you believe will help you perform this job _____

General

Have you ever worked or filed an application at this location or at another Affinity Family Care facility? Yes No If yes, please list dates and explain: _____

Have you been convicted of any felonies? Yes No Are you currently under any pending investigation or charge? Yes No

Has a license held ever been revoked, surrendered or suspended? Yes No If yes, please explain. _____

Will you submit to a drug screen and/or background check as part of the employment process? Yes No

Are you at least 18 years of age? Yes No Are you eligible to work in the United States? Yes No

(NOTE: federal law requires proof of U.S. citizenship or valid alien work authorization upon employment.)

Are you CPR/1st Aide Certified Yes No If yes, date training completed and expiration date _____

Have you ever completed Article 9 Training? Yes No If yes, date training completed and expiration date _____

Do you have a current Finger Print Clearance Card? Yes No If yes, expiration date _____

Do you know anyone who works for Affinity Family Care? Yes No If yes, whom? _____

How did you learn of this position? Ad Affinity Family Care Employee Career Fair School Other _____

YOUR WORK HISTORY

Please attach list of other employers as needed

Dates of Employment From ___/___/___ To ___/___/___

Employer _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Job Duties _____

Supervisor's name and title _____

Reason for leaving _____

Starting Rate of Pay \$ _____ Ending Rate of Pay \$ _____ May we contact this supervisor? _____

Dates of Employment From ___/___/___ To ___/___/___

Employer _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Job Duties _____

Supervisor's name and title _____

Reason for leaving _____

Starting Rate of Pay \$ _____ Ending Rate of Pay \$ _____ May we contact this supervisor? _____

Dates of Employment From ___/___/___ To ___/___/___

Employer _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Job Duties _____

Supervisor's name and title _____

Reason for leaving _____

Starting Rate of Pay \$ _____ Ending Rate of Pay \$ _____ May we contact this supervisor? _____

Other Work-Related References (if not provided above):

RELATIONSHIP <small>(i.e., supervisor)</small>	NAME & JOB TITLE	COMPANY	HOME PHONE	WORK PHONE

In the event of an emergency please contact: _____ Relationship _____

Telephone (List Multiple) _____

CERTIFICATION

I hereby certify that the facts set forth in this employment application (and accompanying resume if applicable) are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation of information or failure to disclose information on this employment application may disqualify me from further consideration for employment and, if employed, may subject me to dismissal. If I am offered employment, I understand that I am required to complete CPR, First Aide, Article 9 training, Orientation training, provide (3) references, possess a valid drivers license and current vehicle registration/insurance, and obtain a Finger Print Clearance Card. I understand that in connection with my application for employment I will be subject to a complete background check and drug screen to determine my suitability for employment. I authorize Affinity Family Care to obtain reference information on my work performance. I hereby release Affinity Family Care from any and all liability at any time which could result from obtaining and making an employment decision base on such information. Finally, in the event I am employed, I understand I am required to abide by all company rules and regulations as a condition of employment. I also acknowledge this application is NOT a contract of employment and nothing herin should reasonably be construed as such. I do acknowledge that if employed, my employment will be "at will" meaning either Affinity Family Care or I may terminate the employment relationship at any time with or without cause.

PRINT NAME _____ SIGNATURE _____

Today's Date _____

