

DAILY LIVING HOMECARE, INC – APPLICATION FOR EMPLOYMENT
(PLEASE PRINT OR TYPE IN BLACK INK)

DATE OF APPLICATION: _____
SOCIAL SECURITY NUMBER: _____
DRIVER'S LICENSE NUMBER: _____
LAST NAME: _____ FIRST NAME: _____ MI: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____
POSITION APPLYING FOR: _____

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, marital status. Information on this application will not be used for any discriminatory purpose.

Are you 18 or older? Yes No

Are you currently employed? Yes No May we contact your previous or present employer? Yes No

On What date would you be available to start work? _____

Have you ever been convicted of a felony? Yes No
If yes please give year & explain. _____

EDUCATION HISTORY

HIGH SCHOOL: _____ CITY: _____ STATE: _____

DATE OF GRADUATION: _____

TECHNICAL/TRADE/COLLEGE: _____

DATE OF GRADUATION: _____

OTHER EDUCATION OR TRAINING? _____

EMPLOYMENT HISTORY

Start with present employer first.

COMPANY: _____ JOB TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR'S NAME: _____

PHONE NUMBER: _____ RATE OF PAY: _____

DATES WORKED: FROM: _____ TO: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

COMPANY: _____ JOB TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR'S NAME: _____

PHONE NUMBER: _____ RATE OF PAY: _____

DATES WORKED: FROM: _____ TO: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

COMPANY: _____ JOB TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR'S NAME: _____

PHONE NUMBER: _____ RATE OF PAY: _____

DATES WORKED: FROM: _____ TO: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

You **MUST** have a home telephone/ cellular phone, reliable transportation & be available to work (1) weekend per month if needed to maintain employment.

You are an at-will employee of this company, & the president, or any designee supervisor may terminate your employment at any time without cause.

By signing this application you agree that everything is true to your knowledge. False information can be cause for termination.

Signature of Applicant: _____ Date: _____

Signature of Supervisor: Kimberly K Lodge Date: _____