



EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" BELOW.
2. Complete all sides of the form.
3. If more space is needed to complete any question, use comments on the back
4. Print clearly. Incomplete or illegible applications may not be processed.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All employees of Amian are employed at will. Amian will not discriminate against applicants based on any legally protected characteristic. These may include race, color, national origin, sex (including pregnancy), religion, age, disability, military status, veteran status, and any other category protected by law. **Additional testing for the presence of illegal drugs in your body may be required prior to employment.**

TODAY'S DATE: _____

NAME: _____
LAST FIRST MIDDLE MAIDEN

CURRENT ADDRESS: _____
NO. STREET CITY STATE ZIP CODE

PREVIOUS ADDRESS: _____
NO. STREET CITY STATE ZIP CODE

HOME PHONE#: (____) _____ WORK PHONE#: (____) _____

MOBILE PHONE#: (____) _____ ALTERNATE PHONE#: (____) _____

EMERGENCY CONTACT: _____
NAME PHONE# RELATIONSHIP

Were you ever employed with Amian? If yes, give your reason for leaving

How did you hear about Amian?

Why are you interested in employment with Amian?

AVAILABILITY:

Please indicate the type(s) of work that you would prefer:

____ Full-Time ____ Part-Time ____ Days ____ Evenings ____ Overnights ____ Live-In

Approximately how many hrs per week do you wish to work? _____ When are you available to begin work? _____

Please indicate the days and times that you are available for work:

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Please rank the following services, in order of preference that you are willing to provide (“1” being the most preferable.)

Companionship
 Meal Preparation
 Walking/Standing Assistance
 Dressing Assistance
 Laundry
 Transportation
 Running Errands
 Housecleaning (Heavy Light)

Do you have any reservations about providing service to a client with a pet(s)? No Yes
 (Cats Dogs Other)

Would it bother you to provide service to a client that smokes? No Yes

What parishes are you available and willing to work in (50 mile radius)?

EDUCATION:

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

	NAME OF SCHOOL	CITY, STATE	MAJOR SUBJECT	# OF YRS. ATTENDED	DID YOU GRADUATE?
High School					
Vocational					
College/ University					
Other					

PERSONAL REFERENCES (Do not include relatives):

Full Name	Address	Area Code, Phone#	Time of Day to Call	Relationship	# of Years Known
1)		W: H:			
2)		W: H:			
3)		W: H:			

EMPLOYMENT REFERENCES:

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No If yes, may we contact? Yes No

COMPANY NAME CITY STATE (_____) PHONE NUMBER

FROM _____ TO _____
DATES EMPLOYED JOB TITLE SUPERVISOR'S NAME

DUTIES

SALARY PER (_____) (_____) (_____) REASON FOR LEAVING

SECOND MOST RECENT EMPLOYER:

COMPANY NAME CITY STATE (_____) PHONE NUMBER

FROM _____ TO _____
DATES EMPLOYED JOB TITLE SUPERVISOR'S NAME

DUTIES

SALARY PER (_____) (_____) (_____) REASON FOR LEAVING

THIRD MOST RECENT EMPLOYER:

COMPANY NAME CITY STATE (_____) PHONE NUMBER

FROM _____ TO _____
DATES EMPLOYED JOB TITLE SUPERVISOR'S NAME

DUTIES

SALARY PER (_____) (_____) (_____) REASON FOR LEAVING

SECURITY:

As a condition of employment all employees must be "Bondable".

List states **and** counties of residence for the past seven years: _____

____ Yes ____ No Have you had any moving traffic violations? Please describe: _____

____ Yes ____ No Have you used any names or Social Security Numbers other than those of this application? If so, list on back.

____ Yes ____ No Have you been convicted of a felony and/or misdemeanor in the past seven years? If so, please describe below.
Answering "yes" to this question will not automatically disqualify you from being considered for employment.

INCIDENT CITY/STATE CHARGE

1 _____

2 _____

JOB RELATED SKILLS:

NOTE: Do not fill out any part of this section if you believe it to be non-job related.

Describe any training you have had that applies to service and/or care for the elderly.

Describe any work history applicable to Elderly Service and Care.

What do you like (or think you would like) about working with older adults?

What do you like (or think you would like) least about working with older adults?

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agent, including consumer-reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE

