Enlightenment Home Care LLC Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions <u>must</u> be answered.

"Employer" Enlightenment Home Care			Pos	Position applying for Caregiver									
PERSONAL DATA													
Name (last, first, middle)													
Street Address and/or Mailing Addre	City			State			Zi	Zip					
Home Telephone Number	Business Telephone Number				Cellular Telephone Number								
Date you can start work	Salary Desired			Do you have a High School Diploma or GED? Yes □ No □									
POSITION INFORMATION Check all that you are willing to work													
Hours: Full Time Part Time	E Dove			Swing ☐ Graveyard ☐ Weekends ☐			Status: Regular						
Are you authorized to work in the U.	Are you authorized to work in the U.S. on an unrestricted basis?						Ye	s 🗌	No	1			
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes No If yes, explain:													
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes No Solution No So													
Can you perform these essential functions of the job with or without reasonable accommodation? Yes \Boxed{\Boxes} No \Boxed{\Boxes}													
QUALIFICATIONS Please degrees, vocational or technical prog		or training you feel relate aining.	es to th	e position app	olied for th	hat would he	elp you p	perform the w	ork, suc	ch as sch	hools, colleges,		
	School Name			e Degree				Address/City/State					
School													
School													
Other													
SPECIAL SKILLS List any s	pecial skills or exper	rience that you feel wou	ld help	you in the po	sition that	t you are app	plying fo	r (leadership,	organiz	zations/t	teams, etc.		
REFERENCES Please list to professional references, then list personal references.		erences not related to yo	ou, with	n full name, a	ddress, ph	none numbe	r, and re	lationship. If	you dor	n't have	three		
Name		Address/City/State					Ph	ione	Relationship				
											_		

WORK HISTORY Start with your present or most recen	t employment and work b	ack. Use separate sheet if necess	sary. (INCLUDE PAID AND UNPAID POSITIONS)			
Job Title #1	Start Date (mo/	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:			L			
Reason for Leaving		Starting Salary	Ending Salary			
May we contact your present employer?	Yes	No				
Job Title #2	Start Date (mo/		End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #3	Start Date (mo/	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:	<u> </u>					
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #4	Start Date (mo/	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:			·			
Reason for Leaving		Starting Salary	Ending Salary			
I certify that the facts set forth in this Application imployed, false statements, omissions or misrepresentation in this application and release the Employer from a I acknowledge and understand that the company imployee) may resign at any time, just as the employer may rewithout notice to the other party.	s may result in my disi any liability. The emp is an "at will" employe	missal. I authorize the Emplo loyer may contact any listed a er. Therefore, any employee (yer to make an investigation of any of the facts references on this application. (regular, temporary, or other type of category			
applicant Signature		Date				

