



APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above-mentioned types of discrimination. You are not required to answer any of the questions on this application, but the information requested will be helpful to us.

Date: _____

PERSONAL

Name _____
Last First Middle Initial

Birth Date _____ Social Security # _____ Maiden Name _____

Present address _____
No. Street

City State Zip

Telephone No. _____ Email _____

Job applied for _____ Rate of pay expected \$ _____ per _____

NURSING ONLY: Nursing/CNA/CMT License Number _____

How did you learn of this opening? _____

Do you want to work Full-Time or Part-Time? Specify days and hours _____

Have you worked for us before? _____ If yes, when? _____

Were you referred to us through a current employee? _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with The Friendly Home? _____

Person to be notified in case of accident or emergency

Name _____ Phone Number _____

Address _____

CURRENT EMPLOYMENT INFORMATION

| DATE OF HIRE | EMPLOYER | SUPERVISOR | YOUR POSITION |
|--------------|----------|------------|---------------|
| | | | |

PRIOR WORK HISTORY (LIST IN ORDER)

| DATE | EMPLOYER | SUPERVISOR | YOUR POSITION | REASON FOR LEAVING |
|----------------|-----------------|---------------|-----------------|--------------------|
| _____ to _____ | Name Address | Name Title | Title Salary | |
| _____ to _____ | Name Address | Name Title | Title Salary | |
| _____ to _____ | Name Address | Name Title | Title Salary | |

Employee Signature _____

Date _____



REFERENCE REQUEST

Applicant Release of Information

Applicant: _____ Social Security Number: _____

I hereby release Friendly Home, Inc. its' management and employees from any and all liability regarding this Reference Request. In addition, I authorize the release of any and all information concerning my employment.

Signature: _____ Date: _____

Employer Information

Company Name: _____ Phone Number: _____

Street Address: _____ Supervisor: _____

City, State, Zip: _____

Reference Information (Office use only)

Date of Hire _____ Date of Term _____ Position Held _____

Is this applicant eligible for re-hire? Yes No If NO, why? _____

Excellent Good Fair Average Below Average Poor

Job Knowledge
Attitude
Quality of Work
Attendance
Dependability
Punctuality

| | Excellent | Good | Fair | Average | Below Average | Poor |
|-----------------|-----------|------|------|---------|---------------|------|
| Job Knowledge | | | | | | |
| Attitude | | | | | | |
| Quality of Work | | | | | | |
| Attendance | | | | | | |
| Dependability | | | | | | |
| Punctuality | | | | | | |

Completed by: _____ Date: _____