



DATE OF APPLICATION: _____

APPLICATION FOR EMPLOYMENT

Fill out application form completely. If questions are not applicable enter "NA", **do not leave questions blank**. Be sure to sign when completed. TotalCare is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, veteran's status, citizenship, or disability in employment. If applying for more than one position, you may make copies of the application and enter different position titles, but each copy must be signed and dated.

Position Applied For: _____
How did you learn about the job? Referred by: _____
Newspaper Ad ___ Internet ___ TotalCare Employee ___ School ___ Walk-in ___

Name _____
(Last) (First) (Middle Initial)

Present Address _____
(Street) (City) (State) (Zip)

(____) _____ (____) _____ (____) _____

Home Phone

Work Phone

Cell Phone

Have you ever used any other name(s) for school or work? Yes No

If yes, please list other name(s):

Are you seeking: Full-Time Part-Time Temporary Date available for work? _____

Are you willing to work: Days Evenings Nights Weekends Holidays Overtime

Are you 18 years of age or older? Yes No

Have you ever worked for TotalCare? Yes No If yes, list dates and position _____

If hired, can you provide verification of your legal right to work in the United States? Yes No

Except for minor traffic violations:

- Have you ever been convicted of a felony or misdemeanor? Yes No
- Have you ever received deferred adjudication for a felony or misdemeanor charge? Yes No
- Have you ever been placed on probation? Yes No
- Have you even been arrested by the police? Yes No
- If you answered "yes" to any of the three preceding questions, describe all incidents on a separate sheet of paper indicating charge, date of conviction, location of court and disposition.

PERSONAL REFERENCES: List 3 individuals, not related to you, that have personal knowledge of your ability to do the work for which you are applying.

NAME	ADDRESS	OCCUPATION	PHONE	NUMBER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

List professional, trade, business, or civic activities and any offices held if related to the job for which you are applying.

EDUCATION: Applicants may be required to provide copies of diploma, degree, transcripts, licenses, certifications and registration.

Did you graduate from high school? Yes No If no, do you have a GED? Yes No

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate/Legal/Professional	_____	_____	_____	_____
Other	_____	_____	_____	_____

Special Training/Skills/Qualifications: List any job related training or operational skills you possess, such as office equipment and machines, types of computer software/hardware, maintenance, equipment, etc.

Computer programs you are familiar with _____

Computer programs you are proficient in _____

List any job related licenses, certifications, or registrations (exclude driver's license). Indicate issuing state and expiration.

Typing: _____ WPM

Ten Key: _____ By touch _____ By sight

LANGUAGES:

Do you _____ speak _____ read or _____ write a language other than English? Yes No

If yes, which language(s) _____

EMPLOYMENT RECORD: Start with your present or most recent job and list all jobs held. Attach separate sheets if more space is needed. Include any job related military service assignments and volunteer activities.

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Temp <input type="checkbox"/> Part-Time, Hours per Week _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Temp <input type="checkbox"/> Part-Time, Hours per Week _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Temp <input type="checkbox"/> Part-Time, Hours per Week _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

APPLICATION STATEMENT:

I certify that the foregoing statements and those on any attachment(s) to this form are true and complete to the best of my knowledge and are given by my own free will. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with TotalCare (Company) is on an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without cause. In the event of employment, I understand that false or misleading information given in my application may be the basis for dismissal from employment.

I further understand and agree that: The Company has my authorization to thoroughly investigate my professional and personal history to generate a background screening report. I understand that the background report may include, but is not limited to the following areas:

- Education History
- Credit History (when applicable)
- Criminal History
- Drug Testing
- Professional Licensing
- Motor Vehicle Record (when applicable)
- References (personal and professional)

A background check will be conducted to verify the veracity of information submitted and will be utilized to develop information concerning my character, general reputation and personal characteristics. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize TotalCare, or an agent of the Company, to make a thorough background investigation of all information given by me to the Company. I release from liability all persons, companies and corporations supplying that information, in good faith.

Furthermore, I release and indemnify the Company and any agent of the Company against any liability that might result from making such background checks. Upon request, the agent of the Company may supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act. A copy of this form is as valid as the original.

Signature of Applicant

Date