

Lori's Family Home Care

2401 Broadway

Mattoon, Illinois 61938

(217) 235-6232 / 254-3444

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Name: Last _____ First _____ Middle _____ Date _____

Street Address

City _____ State _____ Zip _____

Telephone () _____ Social Security # _____

Date Of Birth _____ Marital Status _____

Position applied for

How did you hear about this opening?

When can you start _____?

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes No

Are you looking for full time employment? Yes No

If no, what hours are you available? _____

Are you willing to work split shift or Hourly if needed? Yes No

Are you willing to work 24 to 48 hour shifts? Yes No

Do you have any medical training? Yes No

If yes please describe:

Have you ever been convicted of a felony? Yes No

If yes, please fully describe the circumstances:

Education: School Name and Location Year Major Degree

High School _____

College _____

College _____

Other _____

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

Employment History: (Start with most recent employer.)

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities

Reason for leaving

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

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Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities

Reason for leaving

Please list three personal references:

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the Owner has the authority to alter the foregoing.

Signature _____ Date _____