



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Please Print

APPLICANT DATA:

Date: ___/___/___

Position Applied For: _____

Full Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____ Email: _____

Date Available to Start: _____ Social Security # _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Do you need permission to work in the United States? Yes No

Can you after employment, submit documents of proof that you are eligible to work in the United States? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Type of employment desired: Full Time ___ Part Time ___ Temporary ___ Seasonal ___

Have you ever plead "guilty", "no contest", or been convicted of a crime? Yes No

If yes, give details and dates: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

EDUCATION:

High School: _____ Address: _____

of years completed: _____ Did you Graduate: Yes No GPA: _____

College/University: _____ Address: _____

of years completed: _____ Did you Graduate: Yes No Major: _____ GPA: _____

Other: _____ Address: _____

of years completed: _____ Did you Graduate: Yes No Major: _____ GPA: _____

REFERENCES: (Permission to verify contacts)

Please furnish the names, addresses, and telephone numbers of three people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT: (Begin with most recent position)

Dates of employment: From ____/____/____ To ____/____/____ **Positions Held:** _____

Firm: _____ **Address:** _____ **Phone:** (____) _____

Supervisor: _____ **Title:** _____

Responsibilities: _____

Starting Salary and Position: _____ **Ending Salary and Position:** _____

Reason for leaving: _____ **May we contact this employer for a reference?** Yes No

Dates of employment: From ____/____/____ To ____/____/____ **Positions Held:** _____

Firm: _____ **Address:** _____ **Phone:** (____) _____

Supervisor: _____ **Title:** _____

Responsibilities: _____

Starting Salary and Position: _____ **Ending Salary and Position:** _____

Reason for leaving: _____ **May we contact this employer for a reference?** Yes No

Please attach separate sheet for additional previous employment information along with a current resume.

I certify that my answers are true and complete to the best of my knowledge. I authorize Peaceful Living, LLC, to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application. In the event that I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant: _____ **Date:** _____



Personal Care Agency

Time Availability Sheet

Please note the times and days you CAN work by highlighting your availability in the grid below. If your “availability” changes, it is imperative that you redo this grid. This is the only way we know when you are available to work. This form is available on the Peaceful Living website (www.peacefullivingcare.com).

Name: _____

Month/Year: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 AM							
9 AM							
10 AM							
11 AM							
12 AM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							
11 PM							
12 AM							
1 AM							
2 AM							
3 AM							
4 AM							
5 AM							
6 AM							
7 AM							