



# WELCOME HOME

VILLA • HOME CARE • LODGE  
www.welcomehomeseniorliving.com

## Application for Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

### Personal Information

Name				
Address		City	State	Zip
Phone Number		Email Address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>				

### Position

Position you are applying for:	Adult Family Home <input type="checkbox"/>	Home Care <input type="checkbox"/>	Both <input type="checkbox"/>	Date Available:	Desired Pay:		
Employment desired:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Perdiem <input type="checkbox"/>	Nights <input type="checkbox"/>	Days <input type="checkbox"/>		
Days/Nights you are available							
Days:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thur <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
Nights:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thur <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>

### Education

High School:	Address:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
College:	Address:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Address:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

### Employment

<b>Current Employer</b>	Job Title	Dates Employed		
Work Phone	Ending Pay Rate			
Address	City	State	Zip	
Reason for leaving:	May we contact your supervisor for a reference?		Yes	No
<b>Previous Employer (1)</b>	Job Title	Dates Employed		
Work Phone	Ending Pay Rate			
Address	City	State	Zip	
Reason for leaving:	May we contact your supervisor for a reference?		Yes	No
<b>Previous Employer (2)</b>	Job Title	Dates Employed		
Work Phone	Ending Pay Rate			
Address	City	State	Zip	
Reason for leaving:	May we contact your supervisor for a reference?		Yes	No

## Certifications

CNA

HCA

CPR

Food Handlers Card

Do you have any previous caregiving experience (paid or unpaid)? If so, please describe below.

## References

Name	Relationship (Professional/Personal)	Phone number
Name	Relationship (Professional/Personal)	Phone number
Name	Relationship (Professional/Personal)	Phone number

## Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	

**Required for employment:** Background check, CPR/First Aid, Food Handler's Certificate.