

# CARE CIRCLE LLC Application for Employment

Our policy is 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 disability, or veteran status.

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

Are you willing to work swing shift?  Yes  No

Are you willing to work graveyard?  Yes  No

Are you currently employed?  Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes  No

If yes, please describe conditions. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Employment Desired**

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for employment here?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been employed by this company?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you presently employed?  Yes  No May we contact your present employer?  Yes  No

Are you available for full-time work?  Yes  No Are you available for part-time work?  Yes  No

Will you relocate?  Yes  No Are you willing to travel?  Yes  No If yes, what percent? \_\_\_\_\_

Desired salary \_\_\_\_\_ Date you can start \_\_\_\_\_

Please list applicable skills \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any scholastic honors received and offices held in school.

\_\_\_\_\_

\_\_\_\_\_

Are you planning to continue your studies?  Yes  No

If yes, where and what courses of study?

\_\_\_\_\_

### Licenses and Credentials

LICENSE / CREDENTIAL	ISSUED BY	ORIGINAL ISSUE DATE	EXPIRATION DATE

### Employment History (Start with most recent employer)

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Responsibilities \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

<b>OFFICE USE ONLY:</b> Above information verified on ____/____/____ by _____ <div style="text-align: right;">(AGENCY Name / Signature or Initials)</div>
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**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Responsibilities \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

**OFFICE USE ONLY:**

Above information verified on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_/\_\_\_\_\_  
(AGENCY Name / Signature or Initials)

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Responsibilities \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Address \_\_\_\_\_ Phone \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Responsibilities \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

**OFFICE USE ONLY:**

Above information verified on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_/\_\_\_\_\_  
(AGENCY Name / Signature or Initials)

## CARE CIRCLE LLC Application for Employment

### **References**

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

### **Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### **Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

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 is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax to: (216) 561-2273

or

Email to: [info@carecirclellc.com](mailto:info@carecirclellc.com)