

A & A About Home Care, Inc.
202 E. Ash Street
Caldwell, ID 83605
Phone: 455-0857 Fax: 455-7918

EMPLOYMENT APPLICATION

THANK YOU FOR YOUR INTEREST IN A & A ABOUT HOME CARE, INC. YOUR APPLICATION WILL BE CONSIDERED WITHOUT REGARD TO AGE, RACE, SEX, RELIGION, COLOR, NATIONAL ORIGIN, OR ANY OTHER BASIS PROHIBITED BY LOCAL STATE, OR FEDERAL LAW.

NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____ CITY _____ STATE _____

PHONE: _____ MESSAGE # _____ DATE _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

EMERGENCY CONTACT RELATIONSHIP TO APPLICANT _____

DO YOU HAVE A CAR? _____ YES _____ NO

DO YOU HAVE A CURRENT DRIVER'S LICENSE? _____ YES _____ NO

DO YOU HAVE CURRENT VEHICLE LIABILITY INSURANCE? _____ YES _____ NO

AVAILABLE TO WORK: _____ full time _____ part time

MARK THE DAYS OF THE WEEK YOU ARE AVAILABLE/WILLING TO WORK? _____ MON _____ TUES

_____ WEDS _____ THURS _____ FRI _____ SAT _____ SUN

WHAT SHIFTS ARE YOU AVAILABLE TO WORK? _____ DAYS _____ AFTERNOON _____ EVES

HOW WERE YOU REFERRED TO A & A ABOUT HOME CARE, INC. ? _____

ARE YOU UNDER 18 YEARS OF AGE, IF SO INDICATE YOUR AGE AT LAST BIRTHDAY? _____

HAVE YOU EVER BEEN DISCHARGED FROM A POSITION? _____ YES _____ NO

ADDRESS _____

DATE HIRED _____

DATE LEFT _____

PHONE _____

NAME OF SUPERVISOR _____

WORK PERFORMED _____

REASON FOR LEAVING _____

EMPLOYER'S NAME _____

POSITION _____

SALARY _____

ADDRESS _____

DATE HIRED _____

DATE LEFT _____

PHONE _____

NAME OF SUPERVISOR _____

WORK PERFORMED _____

REASON FOR LEAVING _____

R

EDUCATION

HIGH SCHOOL NAME, LOCATION AND DATES ATTENDED OR GED: _____

OTHER (VO-TECH, GRADUATE SCHOOL, ETC.) DATES ATTENDED: _____

Major

Degree

LICENSES AND CERTIFICATES HELD _____

REFERENCES: (work related - other than relatives)

NAME

ADDRESS

PHONE

As used in the following statement of understanding:

“You” or **“Your”** or **“Applicant”** refers to the person submitting this application for employment.
“Employer” refers to A & A About Home Care, Inc.

This Employment Application is used to notify you that prior to any agreement to employ you, Employer may, and will, perform an investigation to determine your suitability for employment. The nature and scope of the investigation, if one is conducted, could include such general identification information as residence verification, and as applicable, information concerning your employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends associates, former employers, financial sources, and custodians of official records. Only job-related information developed from such an investigation will be considered in evaluating your employment application or continued employment.

A & A About Home Care, Inc. is an Equal Opportunity Employer. Employer will not elicit information concerning race, creed, color, religion, national origin, age, sex, disability or veteran or military status except as may be required by the reasonable occupational qualification, or compliance with a lawful affirmative action plan, or government reporting and record keeping-requirements.

Employer reserves the right to require applicants to take drug tests of Employer’s choice to determine your fitness for duty, including, but not limited to, urine, blood, radio-immunoassay (hair) testing, or other examination for evidence of alcohol or controlled substances, to be performed by an independent medical testing laboratory. A positive result returned on any such examination will dictate action in accordance with the Employer’s employment policies. As a condition of your employment, you agree to take such tests. You are not guaranteed a position of employment, and should you begin working for Employer before test results are returned to Employer by the independent medical testing laboratory, then your employment is only temporary and is conditioned upon the test result being acceptable to the Employer. By signing below, you waive all provisions of law prohibiting any physician, person, hospital or other institution that has, or hereafter may, attend or furnish you with treatment, from disclosing to the Employer any knowledge or information obtained pursuant to such testing.

By signing below, you further certify that the answers given by you on this application for employment are true and correct, without material falsehoods or omissions of fact, and you acknowledge your understanding that, if employed, omissions or false statements of fact on this application will be grounds for immediate termination.

If you are hired, your employment is for no definite period, and either you or the Employer may terminate the relationship at any time, without notice or any reason. This application for employment does not constitute an employment contract.

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE A TRUE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATIONS OR FALSIFICATIONS OF STATEMENTS MADE IN THIS APPLICATION CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL.

APPLICANT SIGNATURE

DATE