

## JOB/EMPLOYMENT APPLICATION

### Personal Information

|                          |                                                                                                                                                                                                                                                  |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name</b>              | First _____ 2 <sup>nd</sup> Initial _____<br>Last: _____                                                                                                                                                                                         |
| <b>Address</b>           | Street: _____ Apartment: _____<br>City: _____ State: _____ Zip: _____                                                                                                                                                                            |
| <b>Phone</b>             | Home: _____ Cell: _____<br>Other: _____                                                                                                                                                                                                          |
| <b>Electronic</b>        | Email Address: _____                                                                                                                                                                                                                             |
| <b>Date of Birth</b>     | Day: _____ Month: _____ Year: _____                                                                                                                                                                                                              |
| <b>SSN</b>               | Social Security Number: _____                                                                                                                                                                                                                    |
| <b>Gender</b>            | Male: _____ Female: _____                                                                                                                                                                                                                        |
| <b>Language</b>          | What languages do you speak? _____<br>_____                                                                                                                                                                                                      |
| <b>Emergency Contact</b> | Name & Phone Number of Person to contact in the event of an emergency:<br>Local: _____<br>Out-of-Area: _____                                                                                                                                     |
| <b>Education</b>         |                                                                                                                                                                                                                                                  |
| <b>Formal</b>            | Diploma: _____<br>Certificate: _____<br>Degree: _____<br>Other: _____<br>Other: _____                                                                                                                                                            |
| <b>Informal</b>          | Do you have current First Aid Certification (State Level): _____ Expiry Date: _____<br>Do you have current CPR? _____ Expiry Date: _____<br>Have you taken a Food Safety course? _____<br>Other: _____<br>(Specify)<br>Other: _____<br>(Specify) |
| <b>Restrictions</b>      |                                                                                                                                                                                                                                                  |
|                          | List any work limitations that you may have and briefly describe:<br>Hearing: ___ Yes ___ No _____                                                                                                                                               |

|                                                                       |                                                                           |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Work Limitations</b>                                               | Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No _____    |
|                                                                       | Lifting: <input type="checkbox"/> Yes <input type="checkbox"/> No _____   |
|                                                                       | Health: <input type="checkbox"/> Yes <input type="checkbox"/> No _____    |
|                                                                       | Physical: <input type="checkbox"/> Yes <input type="checkbox"/> No _____  |
|                                                                       | Emotional: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Other: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |                                                                           |

**Availability for Work**

|                                                                     |                                                                                                                                                  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hours &amp; Days Available for Work</b>                          | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Short-notice <input type="checkbox"/> Split Shift |
|                                                                     | Indicate Days and List Hours Available for Work:                                                                                                 |
|                                                                     | <input type="checkbox"/> Sunday: From: _____ To: _____                                                                                           |
|                                                                     | <input type="checkbox"/> Monday: From: _____ To: _____                                                                                           |
|                                                                     | <input type="checkbox"/> Tuesday: From: _____ To: _____                                                                                          |
|                                                                     | <input type="checkbox"/> Wednesday: From: _____ To: _____                                                                                        |
|                                                                     | <input type="checkbox"/> Thursday: From: _____ To: _____                                                                                         |
| <input type="checkbox"/> Friday: From: _____ To: _____              |                                                                                                                                                  |
| <input type="checkbox"/> Saturday: From: _____ To: _____            |                                                                                                                                                  |
| What is the minimum number of hours you will work in one day? _____ |                                                                                                                                                  |
| What is the maximum number of hours you will work in one day? _____ |                                                                                                                                                  |

|                            |                                                                                                                                                       |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Assignment Location</b> | Are you restricted in the geographical location you are willing/able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

**Transportation**

|             |                                                                                                                                                               |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type</b> | <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____<br><i>(Specify)</i> |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                         |                                             |
|-------------------------|---------------------------------------------|
| <b>Driver's License</b> | Do you have a valid Driver's License? _____ |
|-------------------------|---------------------------------------------|

|                             |                                                                     |
|-----------------------------|---------------------------------------------------------------------|
| <b>Transporting Clients</b> | Are you willing to transport clients in your private vehicle? _____ |
|                             | Do you have adequate vehicle insurance? _____                       |
|                             | Are you willing to drive a client's vehicle? _____                  |
|                             | Are you willing to escort a client in their own vehicle? _____      |
|                             | Are you willing to escort a client on public transportation? _____  |
| Comments: _____             |                                                                     |

**Abuse Investigation**

|  |                                                                                                                                                                        |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain:<br><input type="checkbox"/> Yes <input type="checkbox"/> No _____<br>_____ |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Reference Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| <b>Work Related #1 (Last Position)</b> | Company Name _____                    |
|                                        | Address: _____                        |
|                                        | Telephone No. & Email Address: _____: |
|                                        | Supervisor's Name _____:              |
|                                        | Position Held: _____                  |
| Duties/Responsibilities: _____         |                                       |

|                                                       |                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                       | <p>_____</p> <p>_____</p> <p>_____</p> <p>Length of Employment: _____</p> <p>Reason for Leaving: _____</p>                                                                                                                                                                                                    |
| <b>Work Related #2 (2<sup>nd</sup> Last Position)</b> | <p>Company Name _____</p> <p>Address: _____</p> <p>Telephone No. &amp; Email Address: _____:</p> <p>Supervisor's Name _____.</p> <p>Position Held: _____</p> <p>Duties/Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Length of Employment: _____</p> <p>Reason for Leaving: _____</p> |
| <b>Work Related #3 (3<sup>rd</sup> Last Position)</b> | <p>Company Name _____</p> <p>Address: _____</p> <p>Telephone No. &amp; Email Address: _____:</p> <p>Supervisor's Name _____.</p> <p>Position Held: _____</p> <p>Duties/Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Length of Employment: _____</p> <p>Reason for Leaving: _____</p> |
| <b>Professional Reference # 1</b>                     | <p>Name _____</p> <p>Address: _____</p> <p>Telephone No. &amp; Email Address: _____</p>                                                                                                                                                                                                                       |
| <b>Professional Reference # 1</b>                     | <p>Name _____</p> <p>Address: _____</p> <p>Telephone No. &amp; Email Address: _____:</p>                                                                                                                                                                                                                      |
| <b>Professional Reference # 1</b>                     | <p>Name _____</p> <p>Address: _____</p> <p>Telephone No. &amp; Email Address: _____:</p>                                                                                                                                                                                                                      |

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required.

Additionally, I authorize former employers, references and any other individual/organizations to provide information to **D&P Healthcare Staffing Agency** and I hereby release and discharge any of the above and **D&P Healthcare Staffing Agency** from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test, if part of the Agency's pre-employment policy.

I understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

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Applicant's Signature

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Date