



EMPLOYMENT APPLICATION

Applicant's Name: _____
Last First Middle

Previous Names Used: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home: (_____) _____ - _____ Cell: (_____) _____ - _____

Email: _____ SSN: _____

Date of Birth: _____

Position Applying For: _____

Are you seeking? _____ Full Time _____ Part Time _____ Per- Diem

When can you start work? _____

How did you hear about Cross Home Care? _____

Have you applied to Cross Home Care before? Yes No When? _____

Have you worked at Cross Home Care before? Yes No When? _____

Are you at least 18 years old? Yes No (If you are hired you may be required to submit proof of age.)

Can you show us a social security card? Yes No

Have you ever been convicted of any law violation? Yes No

If yes, give details: _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Have you ever been fired or been asked to leave a job? Yes No

Is there any reason that you cannot perform the essential tasks of this position?
(i.e. lifting 30+ lbs, climbing stairs, walking on multiple surfaces...) Yes No

Education and Skills

Highest level of education: _____ Degree(s): _____

Name of school: _____ Location: _____

What languages do you speak? _____

Do you have a CNA Certification? Yes No (Bring to interview if applicable)

Do you have a current CPR Certification? Yes No Expiration Date: _____

Other Licenses or Certificates: _____

Do you have a valid driver's license? Yes No Do you have a reliable car? Yes No

Driver's License #/State: _____ Do you have insurance? Yes No

Are you willing to complete on-the-job training and annual competency testing? Yes No

Cross Home Care

What skills do you have that are relevant to working with seniors and adults with disabilities?

Employment History

List all employment for the last 3 years, starting with the present or most recent. Explain any periods of unemployment over three months at the end of the Employment History Section.

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Company/ Individual Name: _____

Start Date: _____ End Date: _____

Contact Person: _____ Starting Salary: \$ _____

Contact Number: (_____) _____ - _____ Ending Salary: \$ _____

Position(s) Held: _____

Duties: _____

Reason for Leaving: _____ Present _____ Quit _____ Fired _____ Laid-Off

Company/ Individual Name: _____

Start Date: _____ End Date: _____

Contact Person: _____ Starting Salary: \$ _____

Contact Number: (_____) _____ - _____ Ending Salary: \$ _____

Position(s) Held: _____

Duties: _____

Reason for Leaving: _____ Present _____ Quit _____ Fired _____ Laid-Off

Company/ Individual Name: _____

Start Date: _____ End Date: _____

Contact Person: _____ Starting Salary: \$ _____

Contact Number: (_____) _____ - _____ Ending Salary: \$ _____

Position(s) Held: _____

Duties: _____

Reason for Leaving: _____ Present _____ Quit _____ Fired _____ Laid-Off

Dates Explanation of Employment Gaps of Over Three Months:

Start: ___/___/___ End: ___/___/___ : _____

Start: ___/___/___ End: ___/___/___ : _____

Professional References

*Please list at least 2 **PROFESSIONAL** work references. Professional References are co-workers, supervisors, managers....*

1. Individual's Name: _____

Company/ Organization: _____

Title in Organization: _____

Relationship: _____

Length of time you have known person: _____

Contact Number: (_____) _____ - _____

REFERENCE VERIFICATION (Office Only):

Date Called: _____ Office Representative: _____

Notes: _____

2. Individual's Name: _____

Company/ Organization: _____

Title in Organization: _____

Relationship: _____

Length of time you have known person: _____

Contact Number: (_____) _____ - _____

REFERENCE VERIFICATION (Office Only):

Date Called: _____ Office Representative: _____

Notes: _____

3. Individual's Name: _____

Company/ Organization: _____

Title in Organization: _____

Relationship: _____

Length of time you have known person: _____

Contact Number: (_____) _____ - _____

REFERENCE VERIFICATION (Office Only):

Date Called: _____ Office Representative: _____

Notes: _____

Availability

Please indicate the times you are available to work each day:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

THINGS TO BRING TO INTERVIEW (if applicable)

Copy of Resume, Driver's License, Social Security Card or Birth Certificate, CNA or other licenses, CPR Certification and any clearances.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:

I authorize Cross Home Care to investigate all statements contained in this application. I understand and agree to the following:

1. Misrepresentation or omission in responding to these questions may be cause for dismissal;
2. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
3. Neither an invitation to, nor attendance at, an orientation or training constitutes an offer of employment;
4. If I am offered employment with Cross Home Care it will be on an at-will basis, that is, Cross Home Care and I each have the right to terminate the employment at any time, with or without cause;
5. If I am offered employment with Cross Home Care it may be contingent upon my passing a drug test, Background Check, Driving Record, and other required testing.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____