

WE ELDERLY CARE, INC.

Application for Employment / Contracting



We Elderly Care, Inc. is an Equal Opportunity Employer

APPLICANT INFORMATION

Last Name		First Name		Middle Initial		
Address			Apt/Unit #			
City		State		Zip Code		
Home Phone		Cellular Phone				
Email Address		Are You Bilingual? If yes, what other languages?				
Date Available		Social Security No.		DL Number		
Emergency Contact Name:			Relationship			
Emergency Contact Phone			This is a service oriented company; there is no guarantee of a 40-hour work week (initial)			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you been convicted of a crime in the last 7 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Type of Employment	Full Time	Part Time	Temp	PRN	Seasonal	Other

EDUCATION

High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

SKILLS AND QUALIFICATIONS

Training, skills, licenses, and/or certifications that may qualify you for the position you are applying for:

REFERENCES*Please list three references.*

Full Name		Title		Years Known	
Company		Phone			
Address					
Full Name		Title		Years Known	
Company		Phone			
Address					
Full Name		Title		Years Known	
Company		Phone			
Address					

PREVIOUS EMPLOYMENT (BEGIN WITH THE MOST RECENT)

Company		Phone			
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company		Phone			
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company		Phone			
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the contractor/employer's service, whenever it is discovered.

I give we Elderly Care the right to obtain information from all references, employers, educational institutions, law enforcement and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability, We Elderly Care and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

We Elderly Care does not unlawfully discriminate in employment or the hiring of contractors and no question on this application is used for limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and without notice and we Elderly Care reserves the right to terminate my employment/contract at any time, with or without cause and without any prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or duration. I understand that no representative of We Elderly Care other than an authorized officer, has the authority to make any assurances to the contrary. I further understand any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature

Date