

EMPLOYMENT APPLICATION



We are an equal opportunity employer, dedicated to the policy of non-discrimination on any basis including race, color, age, sex, religion, disability or national origin.

Date _____ Social Security Number _____ - _____ - _____

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth _____ Part time _____ Full Time _____ PRN _____

Phone Number _____ Referred by _____

Cell Phone Number _____ Email _____

Are you a United States citizen _____ Visa # _____ other _____

Position _____ Rate of pay expected _____

RELATED SKILLS (bilingual, driver's license, personal care, life experience, etc.)

EDUCATION (List your educational history, where you attended school, graduation or GED.)

TRAINING/EXPERIENCE (List all of the training you have attended that would assist you with providing personal care services.)

Have you ever or are you currently providing healthcare services? If so, for whom, with what company, for how long and reason for termination? _____

Have you ever been convicted of a crime? (If **Yes**, please explain). YES NO
(list all)

REFERENCES (List below three persons not related to you, whom are not friends that you have known for at least one year such as a teacher or pastor.)

Name	Position	Years	Phone #

What hours are you available to work? _____

When are you available to begin work? _____

Are you or have you ever served in the Armed Forces? _____ Branch _____
Date of discharge _____

Do you have a valid drivers license _____ Lic. # _____

WORK HISTORY (Listed below your last four employers, starting with the most recent one first.)

Date/ Month Year	Name & Address Employee	Salary upon Leaving	Position	Phone	Reason for Leaving
From: _____					
To: From: _____					
To: From: _____					
To: From: _____					
To: From: _____					

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statements, omissions or misrepresentation on this application is sufficient cause for termination of the foster care agreement, no matter when discovered by the company.

I understand that by signing this document I give my permission to Champion Services Inc to do a criminal background check. I authorize the company to thoroughly investigate all statements contained in my application and/ or resume, and I authorize my former employees and references to disclose information regarding my employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the company, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that filing out this form does not indicate that I have been hired and does not obligate the company to utilize my services. I agree to abide by all company rules, policies and procedures. The company retains the right to revise its' policies and procedures, in whole or in part, at any time.

Signature

Date