



**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