



Compassionate Care

Documents Required with Application

***** NO APPLICATION WILL BE CONSIDERED UNLESS THESE DOCUMENTS ARE ATTACHED *****

- A current Copy of Driver License or Identification Card
- If not a citizen of the United States a copy of approved work permit
- A Current Motor Vehicle Report
- A current Copy of CPR & 1st Aid Card (front & Back)
- (IF EMPLOYMENT IS OFFERED YOU WILL BE REQUIRED TO FURNISH A 2 STEP TB TEST RESULTS, GENERAL PHYSICAL AND FINGERPRINT CARD AT YOUR OWN EXPENSE)

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Have you been known by any other names _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

If you have been at your current address for less than three years please provide previous address below.

Previous Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Main Phone: () _____ **Email:** _____

DOB: _____ **Social Security Number:** _____ **Desired Salary:** \$ _____

Availability & Date Available (Day/Time): _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO Place of Birth _____

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two **professional** references (include Compassionate Care employees) – We check all references

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Full Name: _____ Relationship: _____



Company: _____ Phone: () _____

Previous Employment – 3 Year History Required

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 NO

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 NO

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 NO

Disclaimer and Signature

I understand employment with Compassionate Care, LLC will require a pre-employment physical, drug test, 2 Step TB or its equivalent & criminal background check – all must have negative results. Employee is responsible for providing, at their own expense, the Physical, 2 Step TB and Fingerprint Cards.

Compassionate Care, LLC does pre-employment drug testing as well as random and post-accident (job accident) drug testing. Employment is conditional upon testing results being negative. Refusal to submit to drug testing will result in immediate termination.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to CC LLC. Part-time Employment, I understand that false or misleading information in my application, positive criminal background check or positive medical tests result require CC, LLC to immediately terminate employment. I agree to the drug testing policy of CC, LLC

Employee has received a copy of their completed and signed employment application.

Signature: _____ Date: _____