

Beachside Home Service, LLC

Home Care

Application for Employment

Position Applied For: _____ Today's Date: _____

Name: _____ Soc. Sec. Number: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Email: _____
(please include this)

Have you ever applied for employment or been employed with us before?

Yes: _____ Date: _____ No: _____

Do You Require An Accommodation To Perform The Tasks On The Job Description?

Yes: _____ No: _____

Who Referred You To This Facility? Employment Service _____ Friend/Relative _____ Newspaper _____

Radio Station _____ Other/Explain: _____

Are you legally authorized to work in the USA? Yes: _____ No: _____ **(If you become an employee of Beachside Home Service, you will be required to provide documentation proving your eligibility to work in the USA)**

Have You Ever Been Convicted Of A Felony? Yes: _____ No: _____

Do You Have Any Criminal Charges Pending? Yes: _____ No: _____

I understand that my employment with Beachside Home Service is contingent on having no conviction appearing on my police record check, that substantially relates to the circumstances of the position. A criminal record does not constitute an automatic bar to employment.

Are you able to perform the tasks according to the job description without accommodation? Yes: _____

No: _____ If an accommodation is needed, how would perform the task and with what accommodation?

Do You Have A Valid: Driver's License? Yes: _____ No: _____

Car Insurance? Yes _____ No _____ Are You Presently Employed: Yes: _____ No: _____

Are You Available To Work: _____ Full Time _____ AM's _____ Part Time
_____ PM's _____ Temporary _____ Nights _____ Weekends

Date Available To Start Work With Beachside Home Service? _____

EDUCATION

Attendance or graduation from:

Name and Location:

Date of completion if applicable

High School _____

Technical College _____

College _____

Other _____

Licensure/Certification/Registration

Type of License/Certification

Registration Number

_____ Date _____

_____ Date _____

EMPLOYMENT HISTORY

Start with current or most recent employer:

1. Facility Name _____

Telephone No: _____

Address _____

Employed From ___/___/___ to ___/___/___

Name of Supervisor _____

Hourly Pay: Start _____

Last _____

Position and Responsibilities: _____

Reason for Employment Termination: _____

2. Facility Name _____

Telephone No: _____

Address _____

Employed From ___/___/___ to ___/___/___

Name of Supervisor _____

Hourly Pay: Start _____

Last _____

Position and Responsibilities: _____

Reason for Employment Termination: _____

3. Facility Name _____

Telephone No: _____

Address _____ Employed From ___/___/___ to ___/___/___

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities: _____

Reason for Employment Termination: _____

May we communicate with your present employer? _____ Yes _____ No

Military Service

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain

PERSONAL REFERENCES

List three people (no Relative) you have worked with and whom we may contact for a reference,

Name Address Phone

Name Address Phone

Name Address Phone

Please read the following statements carefully before you sign your name.

"I HEREBY CERTIFY that the answers given to me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information that may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this facility". I have read, understand and agree to the above statement.

SIGN HERE: _____

DATE: _____