



All applications for employment are considered without regard to race, color, religion, gender, national origin, age, marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PERSONAL INFORMATION (Please Print)

NAME: LAST FIRST MIDDLE Date of Application (M/D/Y)

Position(s) applied for: Salary Desired:

Are you over 18 years old? YES _____ NO _____ (Christian Care is required to comply with federal, state, and local law)

Are you legally eligible for employment in the U.S.?

YES _____ NO _____

*All new hires will be required to provide proof of eligibility to work in the U.S.

Have you been convicted of a crime? YES _____ NO _____

Present Address: Street City State Zip/Postal Code

Telephone #:

Cell Phone #:

Email Address

Referred by:

EMPLOYMENT DESIRED

Are you available to work: FULL TIME _____ PART TIME _____ ON-CALL _____

Shift Availability: 1st SHIFT _____ 2nd SHIFT _____ 3rd SHIFT _____ SPLIT SHIFTS _____ ALL HOURS _____

Have you ever been employed by Christian Care before? YES _____ NO _____, If yes, when? _____

Do you have any commitments, agreements, or are subject to recall due to being on "lay off" status, that would affect your employment with Christian Care? YES _____ NO _____, If yes, what? _____

EDUCATION

Name and Address of School

Last Year Completed

Did You Graduate?

Describe Course Studied

		1	2	3	4	Y	N	
High School								
College								
Graduate								
Any Other Schooling								

List any other relevant skills to the position applied for:

Have you ever had any job-related training in the United States military? YES _____ NO _____, If Yes, please describe:

PROFESSIONAL LICENSES AND CERTIFICATES

Please list all professional licenses and certificates held

TYPE	STATE ISSUED	DATE EXP.	NUMBER
TYPE	STATE ISSUED	DATE EXP.	NUMBER
TYPE	STATE ISSUED	DATE EXP.	NUMBER

FORMER EMPLOYER				
Date (M/D/Y)		List below current and previous employment starting with the most recent job first. Please complete even if you attach a resume.		
From	Employer and Address	Starting Pay	Ending Pay	Reason For Leaving
To				
Position	Duties Performed			
Supervisor's Name		Phone Number		May We Contact? YES _____ NO _____
From	Employer and Address	Starting Pay	Ending Pay	Reason For Leaving
To				
Position	Duties Performed			
Supervisor's Name		Phone Number		May We Contact? YES _____ NO _____
From	Employer and Address	Starting Pay	Ending Pay	Reason For Leaving
To				
Position	Duties Performed			
Supervisor's Name		Phone Number		May We Contact? YES _____ NO _____
From	Employer and Address	Starting Pay	Ending Pay	Reason For Leaving
To				
Position	Duties Performed			
Supervisor's Name		Phone Number		May We Contact? YES _____ NO _____

REFERENCES		
Give name, telephone and address of at least three references who are not related to you and are not previous employers.		
Name	Address and Phone Number	How Do You Know This Person?

<ul style="list-style-type: none"> I certify that answers given herein are true and complete to the best of my knowledge. I understand that this application for employment shall be considered active for a period not to exceed 45 days. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in discharge. In the event of employment at Christian Care, I understand that such employment is contingent upon verification of employment eligibility, upon a satisfactory drug-test result, and upon successful passage of job-related examinations and screening, including but not limited to physical examinations, back fitness/flexibility tests, and/or various skills tests.
<p>_____ Signature of Applicant</p> <p>_____ Date</p>
<p>Christian Care Is An Equal Opportunity Employer Committed To Hiring A Diverse Workforce.</p>