

# EMPLOYMENT APPLICATION



**Applicant Instructions:** If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly. Incomplete or illegible applications will not be processed.

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for termination the application process or, if discovered, after employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

## GENERAL INFORMATION

TODAY'S DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

CURRENT ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

PREVIOUS ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

HOME PHONE ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_

CELLULAR PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
NAME PHONE # RELATIONSHIP

How did you hear about Stay Home Companions? \_\_\_\_\_

Why are you interested in employment with Stay Home Companions? \_\_\_\_\_

## EDUCATION

Please circle the highest grade completed:

Grade School: **6 7 8** High School: **9 10 11 12** College: **13 14 15 16 16+**

Type	Name of School	City / State	Major Subject	Number of Years Attended	Did you Graduate? Yes / No
High School					
Vocational					
College / University					
Other					

**PERSONAL REFERENCES** (do not include relatives)

Full Name	Address	Area Code / Phone #	Daytime Phone #	Relationship	# of Years Known
		W: H:			
		W: H:			
		W: H:			

**EMPLOYMENT REFERENCES**

Your application will not be considered unless **every** question in this section is answered. Since we make every effort to contact previous employers, **the correct telephone numbers of past employers are essential.**

**MOST RECENT EMPLOYER**

Are you currently working for this employer?  yes  no  
 If yes, may we contact?  yes  no

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ( ) \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ Per \_\_\_\_\_  
 (hour, week, month) \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ( ) \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ Per \_\_\_\_\_  
 (hour, week, month) \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ( ) \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ Per \_\_\_\_\_  
 (hour, week, month) \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

## SECURITY

Have you had any moving traffic violations?  Yes  No Please describe: \_\_\_\_\_  
 Have you used any names or Social Security Numbers other than those on this application?  Yes  No  
 If yes, please list: \_\_\_\_\_  
 Have you been convicted of a felony and/or been incarcerated in the past seven years?  Yes  No  
 If yes, please describe below. (A conviction will be judged on its own merits with respect to time, circumstances and seriousness)

INCIDENT	CITY / STATE	CHARGE
1. _____	_____	_____
2. _____	_____	_____

## DRIVERS LICENSE

VALID DRIVERS LICENSE NUMBER \_\_\_\_\_  
 STATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 MAKE & YEAR OF VEHICLE \_\_\_\_\_  
 AUTO INSURANCE COMPANY \_\_\_\_\_ AUTO INSURANCE AGENT \_\_\_\_\_  
 PHONE # \_\_\_\_\_ POLICY # \_\_\_\_\_  
 Do you have any physical restrictions to driving? \_\_\_\_\_  
 Do you have more than 3 moving violations or more than 1 chargeable accident in the past 36 months? \_\_\_\_\_  
 Do you have any major convictions (Drunk or Drug or Reckless driving) in the past 7 years? \_\_\_\_\_  
 What was the last date that your car passed a vehicle inspection? \_\_\_\_\_

## AVAILABILITY

Please indicate the type(s) of work which you would prefer.

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Overnights \_\_\_\_\_ Live-In \_\_\_\_\_

Approximately how many hours per week do you wish to work? \_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

Please indicate the days and times that you are available for work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available	to <small>a.m./p.m.</small>	to <small>a.m./p.m.</small>	to <small>a.m./p.m.</small>	to <small>a.m./p.m.</small>	to <small>a.m./p.m.</small>	to <small>a.m./p.m.</small>	to <small>a.m./p.m.</small>

Please indicate the areas of the city and surrounding areas in which you are able to work:

Downtown \_\_\_\_\_ North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_ Outside city limits \_\_\_\_\_  
 (Counties) Kalamazoo \_\_\_\_\_ Allegan \_\_\_\_\_ VanBuren \_\_\_\_\_ St. Joseph \_\_\_\_\_ Barry \_\_\_\_\_ Cass \_\_\_\_\_ Calhoun \_\_\_\_\_

Are you able to do the following services? Y = Yes N = No

Companionship \_\_\_\_\_ Meal Preparation \_\_\_\_\_ Walking / Standing Assistance \_\_\_\_\_ Dressing Assistance \_\_\_\_\_  
 Laundry \_\_\_\_\_ Housecleaning ( \_\_\_\_\_ heavy \_\_\_\_\_ light) \_\_\_\_\_ Transportation \_\_\_\_\_ Running Errands \_\_\_\_\_

Do you have any reservations about providing service to a client with a pet?  Yes  No ( \_\_\_\_\_ Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other)

Would it bother you to provide service to a client that smokes?  Yes  No

# JOB RELATED SKILLS

NOTE: Do not fill out any part of this section of you believe it to be non-job related.

Describe any training you have had that applies to service and/or care.

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Describe any work history applicable to service and care.

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What do you like (or think you would like) about working with homebound clients?

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What do you least like (or think you would least like) about working with homebound clients?

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## COMMENTS:

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**CERTIFICATION AND RELEASE:** I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Stay Home Companions, Inc. and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE IN THE SPACE BELOW

FOR OFFICE USE ONLY

Date of First Interview \_\_\_\_\_ Second Interview \_\_\_\_\_

Date Checks Done \_\_\_\_\_

Orientation Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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