

Caring Professionals, Inc.

APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire
Equal opportunity employer

Personal Information: Please Print Date: _____
Name (Last name first) _____ Social Security Number _____
Address (Address, City, SD, Zip code) _____
Phone number _____ Cell phone number _____
Referred by _____

Have you ever been convicted of a violent crime? Yes No
If yes, please explain- _____

Employment Desired:
Position _____ Date you can start _____ Salary desired _____
What shift do you desire? _____ Are you over 18 years old? _____
Are you currently employed? Yes No
If so, may we contact your present employer? Yes No
Ever applied to this company before? Yes No Where? _____ When? _____

Education History:

	Name/Location of school	Years attended	Did you graduate	Subjects studied
Grammar	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade,Business,or Correspondence school	_____	_____	_____	_____

General Information:
Subjects of study/research, work or special training skills _____

US Military or Naval Service(include rank) _____

Former Employers: (list below the last four employers, starting with the last one first)

Date month & year	Name & Address & Phone #	Salary	Position	Reason for leaving
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____

References: (give below the names of three persons not related to you, whom you have known as least one year)

Name	Phone Number	Business	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date _____ Signature _____

----- DO NOT WRITE BELOW THIS LINE -----

Interviewed by _____ Date _____

Remarks _____

Neatness _____ Character _____

Personality _____ Ability _____

Other () _____

Hired _____ For Department _____ Position _____

Salary/Wages _____ Will report to _____