

## **Capable Hands Care**

## **Employment Application**

Capable Hands Care does not discriminate in hiring or employment based on race, color, religion, national origin, age, sex, disability, sexual orientation, Vietnam era military service, or any other basis on which discrimination is prohibited by federal, state, or local laws. No question on this application is intended to secure information to be used for such discrimination.

| Applicant Information                     |                            |            |                 |        |          |  |  |  |
|---|----------------------------|------------|-----------------|--------|----------|--|--|--|
| Full Name:                                | First                      | Middle     |                 |        | Last     | Date:_                                 |  |  |
| Address:                                  | Street Address             |            |                 | _      |          | Apartment/Unit #                       |  |  |
|   | City                       |            |                 | tate   |          | ZIP Code                               |  |  |
| Phone:                                    |                            |            | E               | mail   |          |  |  |  |
| Preferred Gender/Noun:                    |                            | _ Date A   | Date Available: |        |          | Desired Salary: <u>\$</u>              |  |  |
| Position App                              | lied for:                  |            |                 |        |          |  |  |  |
|   | izen of the United States? | YES        | NO              |        | re you a | YES NO authorized to work in the U.S.? |  |  |
| Have you ev                               | YES                        | NO         | If yes, v       | when?_ |          |  |  |  |
| Have you ever been convicted of a felony? |                            |            |                 |        |          |  |  |  |
| If yes, explain:                          |                            |            |                 |        |          |  |  |  |
| _   |                            | _          |                 | ation  | _        |  |  |  |
|   |                            |            | Educa           | ation  |          |  |  |  |
| High School:                              |                            | A          | \ddress:_       |        |          |  |  |  |
| From:                                     | To: [                      | Did you gr | aduate?         | YES    | NO       | Diploma::_                             |  |  |
| College:                                  |                            |            | \ddress:_       |        |          |  |  |  |
| From:                                     | To: [                      | Did you gr | aduate?         | YES    | NO       | Degree:_                               |  |  |
| Other:                                    |                            | A          | \ddress:_       |        |          |  |  |  |
| From:                                     | To: [                      | Did you gr | aduate?         | YES    | NO       | Degree:                                |  |  |

| References        |   |                     |                          |  |  |  |  |  |
|-------------------|---|---------------------|--------------------------|--|--|--|--|--|
| Please list       | three professional references.          |                     |                          |  |  |  |  |  |
| Full Name:        | -                                       |                     | Relationship:            |  |  |  |  |  |
| Company:          |   |                     | Phone:                   |  |  |  |  |  |
| Address:          |   |                     |                          |  |  |  |  |  |
| Full Name:        |   |                     | Relationship:            |  |  |  |  |  |
| 0                 |   |                     | Dhara                    |  |  |  |  |  |
| Address:          |   |                     |                          |  |  |  |  |  |
| Full Name:        |   |                     | Relationship:            |  |  |  |  |  |
| Company:          |   |                     | P.                       |  |  |  |  |  |
| Address:          |   |                     |                          |  |  |  |  |  |
| _                 |   | Previous Employment |                          |  |  |  |  |  |
| Commonw           |   |                     | Dhana                    |  |  |  |  |  |
| Company: Address: |   |                     | Phone:_                  |  |  |  |  |  |
| Address.          |   |                     | Supervisor:_             |  |  |  |  |  |
| Job Title:        |   | Starting Salary: \$ | Ending Salary: <u>\$</u> |  |  |  |  |  |
| Responsibil       | ities:                                  |                     |                          |  |  |  |  |  |
| From:             | To:                                     | Reason for Leavir   | ng:                      |  |  |  |  |  |
| May we con        | ntact your previous supervisor for a re | YES NO              |                          |  |  |  |  |  |
|                   | act your previous supervisor for a re   | eference?           |                          |  |  |  |  |  |
|                   |   |                     |                          |  |  |  |  |  |
| Company:          |   |                     | Phone:_                  |  |  |  |  |  |
| Address:          |   |                     | Supervisor:_             |  |  |  |  |  |
| Job Title:        |   | Starting Salary:    | Ending Salary: <u>\$</u> |  |  |  |  |  |
| Responsibil       | ities:                                  |                     |                          |  |  |  |  |  |
| From:             | To:                                     | Reason for Leavir   | ng:                      |  |  |  |  |  |
|                   |   | YES NO              |                          |  |  |  |  |  |
| May we con        | ntact your previous supervisor for a re | eference?           |                          |  |  |  |  |  |
|                   |   |                     |                          |  |  |  |  |  |
| Company:          |   |                     | Phone:_                  |  |  |  |  |  |
| Address:          |   |                     | Supervisor:_             |  |  |  |  |  |
| Job Title:        |   | Starting Salary:    | Ending Salary: <u>\$</u> |  |  |  |  |  |

| Responsibilities:   |                     |       |     |  |  |  |  |  |
|---|---------------------|-------|-----|--|--|--|--|--|
| From: To:   | Reason for Leaving: |       |     |  |  |  |  |  |
| May we contact your previous supervisor for a reference?  | YES                 | NO    |     |  |  |  |  |  |
| Military Service  |                     |       |     |  |  |  |  |  |
| Branch:   |                     | From: | To: |  |  |  |  |  |
| Rank at Discharge:  | Type of Discharge:  |       |     |  |  |  |  |  |
| If other than honorable, explain:   |                     |       |     |  |  |  |  |  |
| Disclaimer and Signature  |                     |       |     |  |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.  |                     |       |     |  |  |  |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |                     |       |     |  |  |  |  |  |
|   |                     |       |     |  |  |  |  |  |
|   |                     |       |     |  |  |  |  |  |
| Signature:  |                     | Date: |     |  |  |  |  |  |