

Office Use Only:  
 CZ  HM  PC  LI ||  PV  DL  IN  TRVL ||  D  N  O  WKD

**Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, or handicap.**

## FRANCISCAN *Ever There Care*

### EMPLOYMENT APPLICATION

<b>PERSONAL INFORMATION</b>				<i>All fields are required. If a field is not applicable, please enter "N/A".</i>		
Today's Date ____/____/____						
Last Name		Middle Name	First Name			
Street Address (Number and street)						Apartment
City		State	Zip Code	Maiden Name or Other Name		
Previous Address: (Street, City, State, Zip Code, Country)						
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (        )			Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (        )			
Email Address:						
Social Security Number -        -	Legally eligible for employment in the U.S.A. <input type="checkbox"/> Yes <input type="checkbox"/> No		I am older than 18 years. <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth ____/____/____	
<i>A background investigation will be conducted.</i> Do you have any criminal convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: <i>A conviction will not necessarily disqualify an applicant from employment.</i>						Office Use Only ____/____/____ Initial:
When did you last apply for employment with us? <input type="checkbox"/> Not Applicable <input type="checkbox"/> ____/____/____						
Position Desired (select one) <input type="checkbox"/> Homemaker/Companion <input type="checkbox"/> PCA <input type="checkbox"/> Live-In <input type="checkbox"/> Other _____					Pay Expected: \$	
Willing and available to work (check all that apply):						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight
<input type="checkbox"/> ____-____	<input type="checkbox"/> ____-____	<input type="checkbox"/> ____-____	<input type="checkbox"/> ____-____	<input type="checkbox"/> ____-____	<input type="checkbox"/> ____-____	<input type="checkbox"/> ____-____
Date available to begin work ____/____/____		How or from whom did you learn of our organization?				
Special training or skills (language, machine operation, etc.)						
Certification <input type="checkbox"/> Not Applicable <input type="checkbox"/> CNA <input type="checkbox"/> HHA <input type="checkbox"/> PCA <input type="checkbox"/> Other		Registry/Cert. Number	Expiration Date ____/____/____	State	Office Use Only ____/____/____ Initial:	

**EMPLOYMENT HISTORY**

- Please give an accurate and complete full-time and part-time employment record.
- Include employment experience even if it is outside of the healthcare field.
- Start with your present or most recent employer and continue in reverse chronology.

<b>1. Company Name</b>	Dates Employed ____/____/____ to: ____/____/____ <input type="checkbox"/> Current
Address (Street, City, State, Zip Code)	Salary/Hourly Rate Starting: \$ _____ Ending: \$ _____
Telephone Number (_____) _____	Name of Supervisor (First and Last Name)
Position	Reason For Leaving <input type="checkbox"/> <b><i>Please DO NOT Contact</i></b>
<b>2. Company Name</b>	Dates Employed ____/____/____ to: ____/____/____ <input type="checkbox"/> Current
Address (Street, City, State, Zip Code)	Salary/Hourly Rate Starting: \$ _____ Ending: \$ _____
Telephone Number (_____) _____	Name of Supervisor (First and Last Name)
Position	Reason For Leaving <input type="checkbox"/> <b><i>Please DO NOT Contact</i></b>
<b>3. Company Name</b>	Dates Employed ____/____/____ to: ____/____/____ <input type="checkbox"/> Current
Address (Street, City, State, Zip Code)	Salary/Hourly Rate Starting: \$ _____ Ending: \$ _____
Telephone Number (_____) _____	Name of Supervisor (First and Last Name)
Position	Reason For Leaving <input type="checkbox"/> <b><i>Please DO NOT Contact</i></b>
<b>4. Company Name</b>	Dates Employed ____/____/____ to: ____/____/____ <input type="checkbox"/> Current
Address (Street, City, State, Zip Code)	Salary/Hourly Rate Starting: \$ _____ Ending: \$ _____
Telephone Number (_____) _____	Name of Supervisor (First and Last Name)
Position	Reason For Leaving <input type="checkbox"/> <b><i>Please DO NOT Contact</i></b>

**We may contact the employers you list unless you indicate that you DO NOT want them contacted**

*If you wish to provide additional history, please continue on a blank page.*

**PERSONAL REFERENCES**

- Do not repeat references who are listed in the Employment History.
- When possible, avoid listing close family members.
- Provide up-to-date contact information

First and Last Name	Relationship	Phone Number(s)	Mailing Address

**EDUCATION**

School	School Name and Location	Program	Years Completed	Did You Graduate?	Degree or Diploma
High School					
College/ University					
College/ University					
Special Training					

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**

(EXCLUDE those which may disclose your race, color, religion, or national origin)

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**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. 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 or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Franciscan Ever There Care.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**To Submit Application by Mail:**  
 ATTN: Employment Application  
 Franciscan Ever There Care  
 273 Finch Avenue  
 Meriden, CT 06451

**To Submit Application by Fax:**  
 ATTN: Employment Application  
 (203) 639-0831