

**SHARE YOUR CARE, INC.**  
**APPLICATION FOR EMPLOYMENT**

**EVERY QUESTION MUST BE COMPLETED ON THIS APPLICATION TO BE CONSIDERED FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For				Date of Application						
How did you learn about us? Advertisement <input type="checkbox"/>		Friend <input type="checkbox"/>		Walk in <input type="checkbox"/>		Employment Agency <input type="checkbox"/>		Relative <input type="checkbox"/>		
Other _____										
Last Name			First Name			Middle				
Address			City			State		Zip Code		
Telephone Number (s)				Social Security Number						
Have you ever filed an application with us before? Yes <input type="checkbox"/>				No <input type="checkbox"/>		If yes, give date _____				
Are you currently employed? Yes <input type="checkbox"/>			No <input type="checkbox"/>		If yes, may we contact your present employer? Yes <input type="checkbox"/>					<input type="checkbox"/>

**EDUCATION**

School Name & Location	Elementary School	High School	Undergraduate College/University	Graduate/Professional
Years Completed (place x under last year completed)	4 5 6 7 8 [ ][ ][ ][ ][ ]	9 10 11 12 [ ][ ][ ][ ]	1 2 3 4 [ ][ ][ ][ ]	1 2 3 4 [ ][ ][ ][ ]
Diploma/Degree				
Describe Course of Study				

**EMPLOYMENT**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

EMPLOYER		Dates of Employment	Work Performed
Address			
Telephone Number		Rate of Pay	
Job Title		Supervisor	
Reason for Leaving			

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If you need additional space, please continue on a separate sheet of paper

Have you received any traffic violation in the least three years? Yes  No  If yes, please list:

Are you able to lift 30 pounds. Able to transfer clients from wheel chair to sitting or lying position, Help in personal care in restroom including transfer; transfer clients to changing tables if needed and able to push wheel chair and assist clients with gate belts for ambulation?

Yes  NO

### WORK/PROFESSIONAL REFERENCES

Give name, address, and telephone number of three references who are not related to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_

List professional, trade, business or civic activities and office held.

\_\_\_\_\_

### APPLICANT'S STATEMENT

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. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from Share Your Care, Inc. constitutes an employment contract unless a specific document to that affect is executed by Share Your Care and employee in writing.

In the event of my 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 regulation of Share Your Care, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date