

Please return to:
Care4you
Attn: Dan Egelberg
4 South Orange Ave Ste 325
South Orange, NJ 07079
732 583-0687

CARE4YOU

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin or marital status.

Date: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

SSN# _____ Date of Birth _____

Drivers License # _____ Auto Insurance Policy # _____

Insurance Company: _____

Agents Name: _____ Phone # _____

High School _____ City/State _____ Dates _____

College _____ City/State _____ Dates _____

Special skills or courses: _____

Languages you speak: _____

Do you have any health problems or limitations? _____

Have you ever used any other names? If so, list here _____

Do you smoke? _____ Do you have a history of drug abuse? _____

Have you ever been convicted of a felony? _____

Do you have dependable transportation? _____

Would you be able to drive the client for local errands? _____

Times **you are** available to work: _____

Any times **not** available to work: _____

Can you be called at the last minute in case of an emergency? _____

Marital Status: _____ Dependent children: _____

Status: US Citizen or Permanent Resident or Allien Authorized to Work Allien # _____

I am applying for a (part-time or live-in) job: _____

List any training or experience working with the elderly: _____

What would you like most about working with the elderly? _____

What would you like least about working with the elderly? _____

***EMERGENCY CONTACT:**

Name _____ Phone # _____

Address _____ Relationship _____

Please go back five years and tell us about your work history:

1. Job/company _____ Dates: _____ Duties: _____

Supervisor: _____ Phone _____

Reason Left: _____

2. Job/company _____ Dates: _____ Duties: _____

Supervisor: _____ Phone _____

Reason Left: _____

3. Job/company _____ Dates _____ Duties: _____

Supervisor: _____ Phone _____

Reason Left: _____

4. Job/company _____ Dates _____ Duties: _____

Supervisor: _____ Phone _____

Reason Left: _____

Personal References:

Name	Address	Relationship/Years known	Local Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumers reporting bureaus, to verify any 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

FOR OFFICE USE ONLY- Interviewer Comments: