

CRYSTALS SENIOR SERVICES EMPLOYMENT APPLICATION

Name _____

Last First Middle Maiden

Present Address _____

Number Street City State Zip

Telephone () _____

Social Security # _____

If under 18, please list age _____

Position applied for (1) _____ caregiver
and salary desired (2) _____
(Be specific)

How many hours can you work weekly? nights and weekends _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? immediately _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | |
|----------------------|----------------|--|--|
| School | | | |
| College | | | |
| Bus. or Trade School | | | |
| Professional School | | | |

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years?

Have you had moving violations during the past three years?

OFFICE ONLY

Typing Yes No _____ WPM
10-key Yes No
Word Processing Yes No _____ WPM

Personal Yes No PC
Computer Yes No Mac

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

[Large empty rectangular box for additional information]

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____
Address _____
City, State, Zip Code _____
Phone number _____

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| | | |
|--|-------------------------|--|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | |
| | | |
| | | |

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Name of employer
Address
City, State, Zip Code
Phone number

Name of last supervisor

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with CRYSTAL'S SENIOR SERVICES L.L.C. creates an actual or implied contract of employment. I understand that, if I accept employment with CRYSTAL'S SENIOR SERVICES L.L.C., it will be on an at-will basis. This means that either CRYSTAL'S SENIOR SERVICES L.L.C. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by CRYSTAL'S SENIOR SERVICES L.L.C.. I release CRYSTAL'S SENIOR SERVICES L.L.C., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize CRYSTAL'S SENIOR SERVICES L.L.C. to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release CRYSTAL'S SENIOR SERVICES L.L.C. and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

CRYSTAL'S SENIOR SERVICES L.L.C.