



APPLICATION FOR EMPLOYMENT

As an **EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**, Celestial Care does not discriminate against applicants or employees because of their race, color, religion, sex (including pregnancy), national origin, age, disability, genetic information, or military status or on any other basis prohibited by law.

Name: _____ Date of Application: ____/____/____

Specific Position Applied for: ☐ CNA ☐ RN ☐ LPN ☐ Other: _____

Referral Source: ☐ Indeed.com ☐ Craigslist ☐ Walk-In ☐ Friend ☐ Other: _____

Current Address: _____

City: _____ State: ____ Zip: _____

Previous Address: _____

City: _____ State: ____ Zip: _____

Cell Phone: (____) _____ ---is this phone text message enabled? ☐ Yes ☐ No

Circle one- Home/Fax: (____) _____ Email: _____

EMPLOYMENT DETAILS:

Are you presently legally authorized to work in the United States of America on a full-time basis? ☐ Yes ☐ No

Have you ever been employed by Celestial Care before? ☐ Yes ☐ No

If Yes, when? _____

How many **shifts per week** are you available to work on a continuous basis?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ As many as I can!

Do you have reliable transportation? ☐ Yes ☐ No

Can you work day or night shifts? ☐ Day (7a-7p) ☐ Night (7p-7a) ☐ Whatever is available, I can do.

Have you ever been involuntarily terminated or asked to resign from a position? ☐ Yes ☐ No

If Yes, when and where: _____

Is any additional information relative to a different name necessary to verify previous work records and references?



PAST CONVICTIONS & STATE BOARD DETAILS:

Have you ever been convicted of a crime (felony or misdemeanor)? ☐ Yes ☐ No

Do you have any arrests whose outcomes are still pending? ☐ Yes ☐ No

If Yes to either question, Please explain:

Has your license ever been under investigation, suspended, or been subject to any disciplinary action by any state board?
Yes ☐ No ☐ If Yes, Please explain:

(NOTE: A "Yes" answer to any of the previous three questions will not necessarily disqualify you for employment. A conviction or a pending arrest will be considered only as it is relevant and/or related to the job in question and will therefore require further investigation and more in depth discussion before an employment decision can be reached.)

SPECIALTY SKILLS & QUALIFICATIONS:

Summarize special skills and qualifications acquired from previous employment or other life experiences:

Is there any other pertinent (job related) information, which will help us evaluate you for the job you are seeking?

REFERENCES – PERSONAL/NOT PROFESSIONAL:

Provide the details of two references who are not related to you and are not previous employers.

NAME:	RELATIONSHIP:	CITY, STATE:	PHONE NUMBER:
NAME:	RELATIONSHIP:	CITY, STATE:	PHONE NUMBER:



EDUCATION/CERTIFICATIONS:

EDUCATION INFO	HIGH SCHOOL	COLLEGE	GRADUATE
SCHOOL NAME			
LEVEL OF COMPLETION	COMPLETED [] YES [] NO	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE	GED? [] YES [] NO		
COURSE OF STUDY			
OTHER CERTIFICATIONS:			

CURRENT EMPLOYER DETAILS:

Are you currently employed? [] Yes [] No - If "Yes", may we contact your current employer? [] Yes [] No

WORK HISTORY (Must be completed)

EMPLOYER/COMPANY:	COMPANY PHONE NUMBER:
CITY, STATE:	REASON FOR LEAVING:
SUPERVISOR – NAME & TITLE:	ENDING SALARY: \$
DATES OF EMPLOYMENT: FROM (MONTH/YEAR): TO (MONTH/YEAR):	

POSITION TITLE – DESCRIBE DUTIES:

WORK HISTORY (Must be completed)

EMPLOYER/COMPANY:	COMPANY PHONE NUMBER:
CITY, STATE:	REASON FOR LEAVING:
SUPERVISOR – NAME & TITLE:	ENDING SALARY: \$
DATES OF EMPLOYMENT: FROM (MONTH/YEAR): TO (MONTH/YEAR):	

POSITION TITLE – DESCRIBE DUTIES:

WORK HISTORY – OTHER DETAILS

PLEASE EXPLAIN IN DETAIL ANY GAPS IN YOUR EMPLOYMENT HISTORY:



OTHER EXPERIENCE – RELEVANT TO EMPLOYMENT WITH CELESTIAL CARE:

PRIOR EXPERIENCE

EMPLOYER OR OTHER	CONTACT PHONE NUMBER:
ORGANIZATION OR POSITION FOCUS:	
CITY, STATE:	REASON FOR LEAVING:
SUPERVISOR OR CONTACT – NAME & TITLE:	ENDING SALARY IF APPLICABLE: \$
DATES OF EMPLOYMENT: FROM (MONTH/YEAR): TO (MONTH/YEAR):	

PRIOR EXPERIENCE

EMPLOYER/COMPANY:	COMPANY PHONE NUMBER:
ORGANIZATION OR POSITION FOCUS:	
CITY, STATE:	REASON FOR LEAVING:
SUPERVISOR – NAME & TITLE:	ENDING SALARY IF APPLICABLE: \$
DATES OF EMPLOYMENT: FROM (MONTH/YEAR): TO (MONTH/YEAR):	

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment. I further understand that, prior to or after being hired by Celestial Care, an investigative report such as a Background Check and Reference Check may be collected pertaining to the quality and quantity of my work performed. Should a Consumer Report be requested I would be furnished with my rights under the FCRA.

I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to Celestial Care or its duly authorized representatives for its use in deciding whether or not to offer me employment and specifically waive any liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, Celestial Care will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Celestial Care, its subsidiaries and affiliates, and me for either employment or for the providing of any benefit. If I am offered and accept employment, I understand that employment with Celestial Care is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, Celestial Care may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law. In signing this form, I certify that I understand all the questions and statements in this application.

EMPLOYEE SIGNATURE:		DATE:	
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