



Saint Michael's Home Care Employment Application

First Name: _____ Last Name: _____ Middle: _____

Present Address: _____ E-mail: _____

Phone Numbers: Home _____ Other: _____ SS#: _____ - _____ - _____

Position for which you are applying for: (circle one) Caregiver Marketing Management Office position

What type of hours are you looking for? (Circle) Fulltime Part-time Weekends Days Evenings Overnights

Days you are available to work: **M T W TH F SA SU**

Date you can start: _____ Salary Anticipated: _____ Are you 18 or older? Yes / No

Have you ever used any other name / SS# other than listed above? If yes, Please List: _____

Why should you be considered for a position with Saint Michael's Home Care? _____

Do you have any disabilities that may limit your ability to perform the work for which you are applying? Yes/No

Do you have experience working with people who have the symptoms of dementia and or Alzheimer's? Yes/No

If Yes, Explain - _____

Have you ever been convicted of attempting or committing any crime other than minor traffic violations? No

If Yes, When? _____ For What? _____

Would you be comfortable driving clients in your own vehicle? Yes / No, Why _____

Driver's License #: _____ How did you hear about this Position? _____

References: May we contact your references? Yes / No, Why? _____

1: Name: _____ Personal / Professional (Circle One)

Address: _____ Business Name: _____

Phone: Work _____ Cell _____

2: Name: _____ Personal / Professional (Circle One)

Address: _____ Business Name: _____

Phone: Work _____ Cell _____

3: Name: _____ Personal / Professional (Circle One)

Address: _____ Business Name: _____

Phone: Work _____ Cell _____

Any additional comments: _____

I certify that the answers given herein are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I have read, understand and agree to the above statement.

I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire period of up to ninety (90) days and upon my continued successful performance. I have read, understand and agree to the above statement.

I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time, with or without cause, and with or without notice at the option of either the company or myself.

I understand that no supervisor, manager, or other representative of the company has any authority to enter into an express or implied contract for employment for any specific period of time. Any agreement contract to the above must be in writing and expressly state that is a contract and be signed by the authorized representative of the company.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment for certain positions in conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy. All employees are subject to a social security number trace, as well as a felony/misdemeanor conviction search and Level 2 background check.

Acknowledgement: _____
(Applicant's Signature)

Date: _____