



## Job Application

Blessings Personal Home Care Agency is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all the sections below:*

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit#

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Are you a U.S. Citizen? ( )Yes / ( )No If no, are you authorized to work in the U.S.? ( )Yes / ( )No

Have you ever worked for this company? ( )Yes / ( )No If yes, when? \_\_\_\_\_

Have you served in the military? ( )Yes / ( )No

Do you have reliable transportation? ( )Yes / ( )No

Have you ever been convicted of a felony/misterrmenor? ( )Yes / ( )No

If yes, explain: \_\_\_\_\_

*(Note: No applicant will be denied employment soley on the grounds of conviction of a criminal offense. However, the date of the offense, the nature of offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position9s0 applied for may be considered in the application)*

Are you 18 years of age or older? ( )Yes / ( )No

What documents can you provide as proof of citizenship or legal status? \_\_\_\_\_

\_\_\_\_\_

Do you have any friends, relatives, and/or acquaintances working for Blessings? ( )Yes / ( )No

If yes, please include name and relationship: \_\_\_\_\_

\_\_\_\_\_

Will you consent to a mandatory controlled substance test? ( )Yes / ( )No

Will you consent to a mandatory background check? ( )Yes / ( )No

Do you have any condition that may restrict you during the job? ( )Yes / ( )No

If yes, please describe accommodations required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Education**

High School: \_\_\_\_\_ Location (City, State): \_\_\_\_\_

Did you graduate? ( )Yes / ( )No

College: \_\_\_\_\_ Location (City, State): \_\_\_\_\_

Did you graduate? ( )Yes / ( )No Major: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

### **Job Skills/ Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Note: Blessings complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to preform essential fuctions. It is possible that a hire may be tested on skill/agility.)*

**Employment**

*Current Employment*

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Phone number: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting pay: \$ \_\_\_\_\_ Ending pay: \$ \_\_\_\_\_ May we contact this employer? ( )Yes / ( )No

*Previous Employers*

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Phone number: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting pay: \$ \_\_\_\_\_ Ending pay: \$ \_\_\_\_\_ May we contact this employer? ( )Yes / ( )No

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Phone number: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting pay: \$ \_\_\_\_\_ Ending pay: \$ \_\_\_\_\_ May we contact this employer? ( )Yes / ( )No

**References**

*Please provide 3 personal and/or professional references below:*

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my application is true and complete to the best of my knowledge and belief.*

*If this application leads to employment, I understand that any false or misleading information in my application or interview may result in my release from employment. I also understand that I will be on a 90-day probation period. I also understand that there will be a background check and possibly drug screen, that may happen at anytime.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_