

À LA CARTE CARE

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Compensation
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

SKILLS AND QUALIFICATIONS
Licenses
Skills
Trainings
Awards

DAYS/HOURS AVAILABLE	
Monday	Hours Available From - To:
Tuesday	Hours Available From - To:
Wednesday	Hours Available From - To:
Thursday	Hours Available From - To:
Friday	Hours Available From - To:
Saturday	Hours Available From - To:

Sunday	Hours Available From - To:		
PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE

I understand that employment with À la Carte Care is for an indefinite period and is terminable at the will of either party, with or without cause, or notice. It also means that À la Carte Care may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer does not create a contractual obligation upon A la Carte Care to continue the employment relationship with me in the future or for any specific term.

If employed by À la Carte Care, I agree to comply with all safety and health rules, company policies and procedures, and applicable local, state, and federal laws.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in the immediate termination of employment.

Signature

Date

CONSENT TO BACKGROUND INVESTIGATION AND SIGNATURE

1. As a condition of **À la Carte Care**'s consideration of my application, I give permission to the company to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application, credit check, criminal and civil background check, worker's compensation claim history, driving record and drug screening.

2. If not a US citizen I agree to provide documentation that I am authorized to work in the US (green card or work visa).

3. I specifically give permission to **À la Carte Care** to contact all of my prior, non-current employers for references. I further give permission to all previous employers and/or managers or supervisors to discuss my relevant personal and employment history with **À la Carte Care**, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of **À la Carte Care**. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to **À la Carte Care**. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

4. I further give permission to the **À la Carte Care** to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me, including past worker's compensation claim history. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate **À la Carte Care** as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

5. I agree to fully cooperate in **À la Carte Care**'s background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. By signing below I authorize **À la Carte Care** to perform a complete background check for the purpose of contracting with **À la Carte Care**.

Signature

Date