DIGNIFY HOME CARE SERVICES LLC

APPLICATION FOR EMPLOYMENT

4619 State Road, Drexel Hill. PA 19026 ■ *Phone: (610) 713-5558* ■ *Fax: (610) 978-2669*

PERSONAL INFORMATION

NAME: _____ SOC. SEC. NO: _____
LAST FIRST Middle Initial

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ CELL PHONE: _____ DATE: _____

IN CASE OF AN EMERGENCY NOTIFY: _____

ADDRESS: _____ PHONE NUMBER: _____

EMPLOYMENT DESIRED

POSITION: _____ SALARY DESIRED _____ DATE AVAILABLE: _____

ARE YOU EMPLOYED? ☐ YES ☐ NO IF YES, CAN WE CONTACT YOUR EMPLOYER? ☐ YES ☐ NO

EDUCATION

	NAME AND LOCATION OF SCHOOL	MONTH AND YEAR ATTENDED	SUBJECTS STUDIED
COLLEGE			
TRADE, BUSINESS OR OTHER			
HIGH SCHOOL			

PROFESSIONAL LICENSES HELD: _____

LICENSE NUMBER: _____

PREVIOUS POSITIONS (LIST BELOW LAST 4 POSITIONS, STARTING WITH THE LAST ONE)

FROM	TO	COMPANY AND ADDRESS	SALARY	REASON FOR LEAVING	DUTIES

CONTINUED ON OTHER SIDE

APPLICANT INFORMATION *To be completed and signed by the applicant*			
Last Name	First Name	Middle Name	Social Security Number ____ - ____ - ____
Current Address	City	State	Zip Code

CONSENT

I hereby authorize my employer to provide employment and information to Dignify Homecare. I hold both Dignify Homecare and my employer harmless for any claims against them for filling out this form, commenting on the form, or any discussions regarding this form and its subject matter.

Employee Signature: _____ Date: _____

EMPLOYMENT INFORMATION *To be completed and signed by the applicant's employer (supervisor or HR)*			
Employer Name	Telephone No.: ( ) -		
Employer Address	City	State	Zip Code
Which of the following best describes the employment status of the applicant? ☐ Current Employee ☐ Former Employee ☐ Never an Employee	☐ Full-time Employee ☐ Part-time Employee ☐ Temporary Employee Avg. Number of Weekly Hours Worked: _____		
Date of Hire (mm/yyyy): From:_____ To:_____	Job Title:	Salary: $ Bonus/Commission? ☐ Yes: $_____ ☐ No	☐ Hourly ☐ Weekly ☐ Bi-weekly
Your Name	Your Title	Your Telephone No.: ( ) -	

Signature: _____ Date: _____

We thank you in advance for your assistance in this matter. Please fax the completed document to my attention at 610-978-2669.

Sincerely,

REFERENCES (LIST THREE REFERENCES NOT RELATED TO YOU)

NAME	OCCUPATION & TITLE	ADDRESS	YEARS KNOWN

MISCELLANEOUS

CONVICTED OF ANY OFFENSE WITHIN THE LAST 7 YEARS WHICH COULD HAVE SOME BEARING ON YOUR POSITION? IF YES EXPLAIN _____

_____

_____

DESCRIBE ANY PHYSICAL LIMITATIONS WHICH MAY LIMIT YOUR ABILITY TO PERFORM IN THE POSITION FOR WHICH YOU ARE APPLYING? _____

_____

_____

ADDITIONAL IN FORMATION ABOUT YOURSELF WHICH WILL AID IN EVALUATING YOUR CAREER INTERESTS AND ABILITIES:

_____

_____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION FORM IS TRUE AND ACCURATE. I AUTHORIZE YOU TO CONTACT ANY OF MY SCHOOLS OR FORMER EMPLOYERS, EXCEPT THOSE I HAVE INDICATED, FOR A COMPLETE ACCOUNT OF THEIR EXPERIENCE WITH ME.

DATE _____ SIGNATURE _____

REMARKS ***DO NOT WRITE BELOW THIS LINE***
