

APPLICATION FOR EMPLOYMENT

ROSE PERSONAL CARE AGENCY

Last name	First	Middle	Date
Street Address			Home Telephone
City	State	Zip	Daytime Telephone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number
Position Desired			Birth Date
Are you able to perform the essential functions of the job for which you are applying, with or without accommodations <input type="checkbox"/> Yes <input type="checkbox"/> No			When are you available to start?
Are you able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available to work weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No

E-MAIL ADDRESS _____

EDUCATION		
School	Name of School	Number of years completed Circle appropriate number
Graduate		1 2 3 4 5 6 7 8 9 10 11 12
College		1 2 3 4 5 6 7 8 9 10 11 12
Business/Trade		1 2 3 4 5 6
Do you have a high school diploma or G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please List Any Other Job Related Experience Or Training.		

How long have you been a resident of Pennsylvania? _____ **years**

EMPLOYMENT HISTORY

Company Name	Telephone
Address	Employed From To
Name of Supervisor	
Job Title and Duties	Reason for Leaving

Company Name	Telephone
Address	Employed From To
Name of Supervisor	
Job Title and Duties	Reason for Leaving

Company Name	Telephone
Address	Employed From To
Name of Supervisor	
Job Title and Duties	Reason for Leaving

May We Contact these Employers? Yes No

The information provided in the Application for Employment is true, correct and complete to the best of my knowledge. If employed I understand that any misstatement, omission or falsification on this application may result in my dismissal.

I understand that in processing my application for employment, the Company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request to the Company, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

I hereby authorize any of the persons or organizations referenced in this application to furnish and all information concerning my previous employment and education, or any other information relevant to my qualifications for employment, and release all such parties from all liability for any damage that may result from furnishing such information to Rose Personal Care. Furthermore, I authorize Rose Personal Care to request and receive such information. In the event I become employed by Rose Personal Care, I agree to conform to such rules and regulation of the Company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Company at any time, at the Company's sole option and without any prior notice to me.

I understand that employment with Rose Personal Care is employment at will which gives me the right, as well as Rose Personal Care to terminate my employment at any time, for any reason, with or without notice.

Applicant Signature _____
Date