

EMPLOYMENT APPLICATION

It is the policy of **Divine Care of Indiana, LLC** to provide equal employment opportunities to all applicants and employees without any discrimination based on race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Name: _____

Address: _____

City/State/Zip Code _____

Number of years at this address: _____

Phone _____

Email: _____

Job Position Applied For _____

Have you applied to our company previously? _____ Yes _____ No

If Yes, When? _____

Are you at least 18 years old? _____ Yes _____ No

If you are offered employment, when would you be available to begin work?

Are you legally eligible for employment in the United States? _____ Yes _____ No

Have you been arrested for or convicted of a crime that has not been expunged or sealed by a court? _____ Yes _____ No

Emergency Contact

Whom shall we contact if you are involved in an emergency?

Contact name _____

Relationship to you _____

Address _____

City/State/Zip Code _____

Phone _____

Employment History

List your current or most recent employment first

Employer _____

Address _____

City/ State/ Zip Code _____

Job Duties _____

Dates of Employment (Month/Year) _____

Reason for Leaving _____

Employer _____

Address _____

City/ State/ Zip Code _____

Job Duties _____

Dates of Employment (Month/Year) _____

Reason for Leaving _____

Employer _____

Address _____

City/ State/ Zip Code _____

Job Duties _____

Dates of Employment (Month/Year) _____

Reason for Leaving _____

Applicant's Education and Training

Circle highest Education: College Some College High School/GED

References

List any two people who would be willing to provide a reference for you.

Name _____

Address _____

City/ State/ Zip Code _____

Telephone _____

Relationship to you _____

Name _____

Address _____

City/ State/ Zip Code _____

Telephone _____

Relationship to you _____

CERTIFICATION

I certify that the information provided in this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application, or if employed, would be a good cause for immediate termination.

I authorize **Divine Care of Indiana, LLC** to contact all of my former employers regarding my employment. I authorize my former employers to fully and freely communicate and/or furnish information regarding my previous employment and attendance to **Divine Care of Indiana, LLC**. I authorize those persons designated as references to also fully and freely communicate information regarding my previous employment to **Divine Care of Indiana, LLC**.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION. I UNDERSTAND AND AGREE TO THE TERMS THEREIN.

Type name _____ Date: _____

APPLICANT'S SIGNATURE