



APPLICATION FOR EMPLOYMENT

(Pre-employment questionnaire: An equal opportunity employer)

NAME: (Last) _____ (First) _____ (M) _____

Social Security No. _____ Driver's License No. _____ State _____

Present Address _____

Street

City

State

Zip

Permanent Address _____

Street

City

State

Zip

Phone No. _____ Are you 25 years or older? ___ Yes ___ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes ___ No

Education:	Name and location of school	# of years attended	did you graduate	major or field
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TWO MOST RECENT JOBS WITHIN THE LAST FIVE (5) YEARS:

(IF NOT APPLICABLE, LIST U S MILITARY, WORK PERFORMED ON A VOLUNTARY BASIS OR PERSONAL REFERENCES)

Company _____ Phone # _____

Position _____ Dates worked from _____ to _____

Supervisor _____ Reason for leaving _____

Company _____ Phone # _____

Position _____ Dates worked: from _____ to _____

Supervisor _____ Reason for leaving _____

Briefly explain why you would like to work as a Personal Care Attendant:



Total hours available per week _____ Date available to start _____

Hours Available

M T W T F S S

From

To

Do you have prior experience ____ Yes ____ No If so, when and where?

Has any previous employer ever disciplined you for absenteeism or tardiness?

____ Yes ____ No if yes, provide details _____

Have you ever been discharged or asked to resign by any of your previous employers?

____ Yes ____ No If Yes, Provide details _____

Within the past five (5) years, have you ever been convicted, pled guilty or pled "no contest" (hold contendere) to a felony or misdemeanor other than a traffic violation?

____ Yes ____ No If Yes, Provide details _____

Will you be able to work in an environment with animals (dogs or cats)? ____ Yes ____ No

Can you work in an environment where there is smoking? ____ Yes ____ No

References: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone #	Business	Years Acquainted
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In case of emergency, notify _____

Name

Address

Phone #

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and, if I am employed my



employment may be terminated at any time. In consideration of my employment, I agree to conform to the company rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature

Date

CARE AT RESIDENCE SERVICES

PERSONAL CARE ATTENDANT

Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Lawrence, Lincoln, Marion, Perry, Pike, Walthall, and Wayne Counties

1615 Ridgewood Dr.

(601) 736-7383

Columbia, MS 39429

**EMPLOYEE PERMISSION FOR BACKGROUND INVESTIGATION
CRIMINAL RECORDS AND CHILD ABUSE CENTRAL REGISTRY**

Date _____ County _____

Address _____

I hereby give permission for the above named agency and/or the Mississippi State Department of Health and/or the Mississippi Division of Medicaid to conduct a background investigation with law enforcement, the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with the general public; including seniors and children.

Please Print

Name _____ Phone No. _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security No. _____

Previous Address (IF CHANGED IN THE LAST 5 YEARS) _____

City _____ State _____ Zip _____

*****This portion to be completed by law enforcement agency*****

Law Enforcement Agency _____ Date _____

Records Check by _____ Title _____



Telephone Number _____

No information found _____ Records found (Attach Separate Sheet) _____

This information is highly confidential. Any information on criminal history and/or abuse/neglect finds should be evaluated to determine how it might affect the individual's employment status. Note in the file that that made checks, when and any action taken by CARS. Destroy any information on criminal records and/or abuse/neglect. Keep a copy of the permission form on file. If the form is returned marked "**NO RECORDS FOUND**" place in personal file.