





# Employee Application

Ph: (440) 484-5390

List your last three (3) employers, beginning with the most recent.

Company	Address	Phone #	Supervisor
1.			
2.			
3.			

### General

List any foreign languages you speak and check your level of familiarity:

\_\_\_\_\_  Speak some     Speak fluently     Read     Write

\_\_\_\_\_  Speak some     Speak fluently     Read     Write

Are you eligible to work in the United States?  Yes     No

Have you ever had any professional license or certification placed under investigation, revoked, disciplined, or suspended?  Yes     No    If yes, explain: \_\_\_\_\_

Professional License #: \_\_\_\_\_    Professional License #: \_\_\_\_\_

Have you ever been convicted of a felony within the last five years?  Yes     No

If yes, explain (this will not necessarily exclude you from consideration): \_\_\_\_\_

### DO YOU HAVE A DRIVER'S LICENSE? Yes    No

Do you have reliable transportation?  Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_  
 \_\_\_\_\_ Operator    \_\_\_\_\_ Commercial (CDL)    \_\_\_\_\_ Chauffeur

Have you had any accidents during the past three years?  Yes     No    How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes     No    How Many? \_\_\_\_\_



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### **Military**

U.S. Military Service: **Branch:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### **References**

Please list **two** individuals with whom you have worked in the health care field.

Name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list **two** other personal or work references.

Name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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I authorize investigation of all references and employers listed above to give any and all information concerning my previous employment and any information they may have, personal or otherwise, and I release the company from all liability.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed by Cherished Companions Home Care, LLC, falsified statements are grounds for dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR INTERNAL USE ONLY-----

Interviewer: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Mail to:  
Cherished Companions Home Care, LLC  
46 Chagrin Plaza #123  
Chagrin Falls, OH 44022

info@charishedagency.com