



Employment Application

An Equal Opportunity Employer

Personal Information

Date _____

Name: _____
Last First Middle

Phone Number _____ Email Address _____

Present Address _____

State _____ City _____ Zip Code _____

How Long have you Resided at this address? _____

You 21 years or older? _____

Are you a citizen of the U.S or do you have the legal right to be employed in the United States?

Drivers License: State _____ Type _____ Valid? _____

Desired Salary

Are you seeking Full time Part Time Oncall Position Applied For _____

Desired Salary _____ Date Available to start _____

Have you ever been employed with Essential Kare? _____ If so, When _____

How did you learn about Essential Kare? _____

Is there any type of work you cannot perform? _____

Please Explain _____

Are you willing to work overnights? _____

Education — — — — —

High School	College	Trade School
Highest level completed	Highest level completed	Highest level completed
Did you Graduate	Did you Graduate	Did you Graduate
Diploma	Major Minor	Diploma of certificate

Certifications or license held

Certification license #

Employment History — — — — —

Telephone Number _____

Address _____ Name of Employer _____

City _____ Name of Supervisor _____

State _____ Zip Code _____

Title _____

Dates Employed (Do month and year)

From	To	Wage

Reason for leaving

Describe your duties performed

Employment History _ _ _ _ _ Telephone Number _____

Address _____ Name of Employer _____

City _____ Name of Supervisor _____

State _____ Zip Code _____

Title _____

Dates Employed (Do month and year)

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Title _____

Dates Employed (Do month and year)

From	To	Wage

Reason for leaving

Describe your duties performed

Supplemental Information — — — — —

If you worked in any of your previous positions under another name, please give that name below (For reference checking purposes)

Name _____

Company _____

Special Skills — — — — —

Please list any additional skills or achievements that you have that could help pertain to this job.

References — — — — —

Name _____

Address _____

Phone # _____

Occupation _____

Name _____

Address _____

Phone # _____

Occupation _____

Name _____

Address _____

Phone # _____

Occupation _____

Professional References Only

IMPORTANT: Please read the following information thoroughly and sign.
I understand and agree that:

- Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
- This organization will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by this organization, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my hire, or if hired, may subject me to immediate dismissal.
- Essential Kare is an at will employer and can terminate my employment at any time for any reason. I further understand that I may terminate my employment at any time for any reason.
- My employment may be terminated at any time without liability for wages or salary except as may have been earned at the date of such termination.
- This is an application for employment and that no employment contract is being offered.
- If I am employed, such employment is for a definite period of time and that this organization can change wages, benefits, and conditions at any time.

I have read and understand the above.

Signature

Date