

**Cabinet Mountain Home Care, LLC**  
**APPLICATION FOR EMPLOYMENT**

			Date of Application:
First Name	MI	Last Name	Other Names/Maiden Name
Present Address			
City		State	Zip
Phone Number (include area code)		Other phone number	
Are you 18 years or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email address		

**Driving may be an essential job function:**

Driver's License #	State	Automobile Insurance Carrier Company:	Policy Number:
Vehicle Make/Model/Year			

Certifications, Licenses, CPR/1 <sup>st</sup> aid, or subjects of special study
Other special training/skills

**Work History:**

**List previous employers for the past five years (most recent first), include any gaps in employment**

Name of Present or last employer:			Phone No.	
Address:		City:	State:	Zip:
From: mm/yy	To: mm/yy	Job Title		
Name of immediate Supervisor		Title	Phone/Ext.	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Work:				
Reason for Leaving:				

Name of Present or last employer:			Phone No.	
Address:		City:	State:	Zip:
From: mm/yy	To: mm/yy	Job Title		
Name of immediate Supervisor		Title	Phone/Ext.	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Work:				
Reason for Leaving:				

## Cabinet Mountain Home Care, LLC

Name of Previous Employer:			Phone No.	
Address:		City:	State:	Zip:
From: mm/yy	To: mm/yy	Job Title		
Name of immediate Supervisor		Title	Phone/Ext.	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Work:				
Reason for Leaving:				

I additional employment, attach resume to job application

### References (please include two professional and one personal reference)

Name and address	Phone	Relationship
Name and address	Phone	Relationship
Name and address	Phone	Relationship

### Emergency Contact

In case of emergency please notify:	
Name	Relationship
Address	Telephone

#### AUTHORIZATION:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# Cabinet Mountain Home Care, LLC

## DAYS/HOURS AVAILABLE

Day of Week	Beginning Time of Availability	Ending Time of Availability	Total Number of Hours Available
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours per week available			

<b>Salary Expectations</b>	My salary expectations are \$ _____ per hour
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Please print your name here and date: \_\_\_\_\_