



Sacopee Valley Personal Care Agency Application for Employment

Personal Information

Date: _____

Name: _____

Address: _____

Email address: _____

Phone: _____ Are you 18 years or older?: _____

Are you prevented from lawfully becoming employed in this country due to immigration status/visa? _____

Employment

Position (PT/FT): _____ Date able to start: _____ Desired salary: _____

Are you currently employed?: _____ May we contact your current employer?: _____

Have you ever applied with our agency?: _____ When?: _____

Referred by: _____ Where did you hear about us? _____

EDUCATION

	Name and location	# of Years	Graduate?	Studied
High school				
College				
Other				

Former Employers (List below most recent employers)

Date (month and year)	Name and address	Salary	Position	Reason for leaving
From ----- To				
From ----- To				
From ----- To				
From ----- To				

References

Name	Address	Phone #	Years acquainted
1.)			
2.)			
3.)			

In case of emergency notify:

Name: _____ Phone #: _____

Address: _____

"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 MISREPRESENTATIONS 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 AGENCY'S 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 AGENCY.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Hired?: _____ Position: _____ PT/FT? _____

Wage: _____ Date reporting to work: _____

Administrative Assistant signature: _____ Date: _____

Executive Administrator signature: _____ Date: _____