

PLEASE PRINT
ALL INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1 - 4

DATE: _____

NAME: _____
Last Name First Name Middle Maiden

PRESENT ADDRESS: _____
House/Apartment Number Street

City State Zip Code

CONTACT DETAILS: _____
Primary Secondary E-mail

IF UNDER 18, PLEASE LIST AGE: _____

SOCIAL SEC. #: _____

POSITION APPLIED FOR: _____

DAYS/HOURS AVAILABLE TO WORK:

SALARY DESIRED: _____

No preference _____ Thurs _____

Mon _____ Fri _____

Tues _____ Sat _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____

Wed _____ Sun _____

CAN YOU WORK NIGHT SHIFTS? _____

CAN YOU WORK ON HOLIDAYS? _____

WHEN AVAILABLE FOR WORK? _____

EDUCATION

HIGH SCHOOL: _____
Graduation Year School Address

COLLEGE: _____
Graduation Year School Address

LICENSE/S: _____
Type of License License # Issue Date Expiration

Type of License License # Issue Date Expiration

Type of License License # Issue Date Expiration

HAVE YOU EVER BEEN CONVICTED WITH A CRIME? _____ YES _____ NO

If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

ELITE HOME CARE OF SAN DIEGO

3675 Ruffin Road Suite 115
 San Diego, Ca 92123
 Phone & Fax: 858-492-8090
 Email: homecare@elitesd.net

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WORK EXPERIENCE: Please list your work experience for the past **FIVE YEARS** beginning with your most recent job.

****Note – If you were self employed, give firm name. Attach additional sheets if necessary.**

Name of Employer: Address: Contact Number:	Name of Supervisor	Employment Dates	Pay Salary
		From:	Start:
		To:	Final:
Your last Job Title:			

Reason for leaving (be specific):

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer: Address: Contact Number:	Name of Supervisor	Employment Dates	Pay Salary
		From:	Start:
		To:	Final:
Your last Job Title:			

Reason for leaving (be specific):

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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		From:	Start:
		To:	Final:
Your last Job Title:			

Reason for leaving (be specific):

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES _____ NO

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REFERENCES: Please list two references other than your relatives or previous employers.

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____ _____	Address: _____ _____
Contact Number: _____	Contact Number: _____
Email Address: _____	Email Address: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying for.

EMERGENCY CONTACT INFORMATION:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Contact Number: _____	Contact Number: _____

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I hereby certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed in this application.

Signature over printed name