



Love 'N Care
Employment Application
An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a non-related medical condition or disability. All questions must be answered and application signed. Any application that provides unrequested information will be automatically rejected.

Position(s) applied for: _____ Date of application: _____

Name: _____

Social Security #: _____ Date of birth: _____

Phone #: _____ Email: _____

Physical address: _____

City: _____ Zip code: _____

Mailing address (if different): _____

City: _____ Zip code: _____

What date are you available to start? _____

What schedule can you work? (time of day) _____

What cities are you able to work in? _____

What days of the week are you available? ☐Sun ☐Mon ☐Tue ☐Wed ☐Thurs ☐Fri ☐Sat ☐Everyday

Type of employment desired: ☐Full-time ☐Part-time ☐Temporary ☐Seasonal

Have you previously worked at Love 'N Care? ☐Yes ☐No

If yes, when and reason for dismissal: _____

Have you ever been convicted of/or pleaded guilty to a crime (other than minor traffic violations) in the past seven years? ☐Yes ☐No

If yes, please explain (give dates and charges): _____

Conviction will not necessarily disqualify you for employment

Languages spoken: ☐ Spanish only ☐ English only ☐ Both Spanish and English

Person to be contacted in case of emergency: Relationship: _____

Name: _____ Telephone#: _____

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Educational Background

Type of school	Name/City	Course or major
High School		
College		
Postgraduate		
Business or Trade		
other		

Employment History:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Employer:	Telephone: ()	Dates employed Month & Year		Summarize the nature of the work performed and job responsibilities
Address:		From:	To:	
Job Title:		Hourly Rate/Salary starting		
Supervisor and Title:		\$	per	
Reason for leaving:		Hourly Rate/Salary final		
May we contact for reference/verification? ☐ Yes ☐ no ☐ later		\$	per	

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Comments and other skills and qualifications (including explanation of any gaps in employment):

References:

List name and telephone number of three references that are **not immediate family** whom have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years Known	Relationship

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Love 'N Care other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Love 'N Care.

This application will remain on active file for one year. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within a year, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Love 'N Care.

I give the employer and /or its agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, criminal conviction records, EMR, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post-accident occurrences.

The employer, Love 'N Care, is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature of Applicant _____ Date _____



TELEPHONE REFERENCE VERIFICATION

I would like to verify some of the information given to us an applicant who is applying for employment with Love 'N Care.

ONLY COMPLETE THIS BOX

Name of Applicant: _____

Employer: _____ Phone: () _____

Address: _____

Contact Name: _____ Title: _____

I request and authorize the previous employer listed above to discuss my employment history with a representative from Love 'N Care. I release my previous employer and all persons providing information from any legal resources should I not get the position for which I am applying based upon the information provided to Love 'N Care pursuant to this request.

Applicant's signature: _____ Date: _____

Points of Reference

Please rate the applicant's performance in following areas:

Quality of Work (Consider the quality of work produced and the promptness which it was completed)

☐ Outstanding ☐ Very Good ☐ Good ☐ Below Average ☐ Unsatisfactory

Reliability & Dependability (Consider the amount of supervision and timely completion and follow-up)

☐ Outstanding ☐ Very Good ☐ Good ☐ Below Average ☐ Unsatisfactory

Attendance (Consider overall attendance record and punctuality)

☐ Outstanding ☐ Very Good ☐ Good ☐ Below Average ☐ Unsatisfactory

Initiative (Consider the extent to which new work assignments and additional duties are sought when necessary)

☐ Outstanding ☐ Very Good ☐ Good ☐ Below Average ☐ Unsatisfactory

Team Work (Consider the willingness to work and help others and accept constructive criticism)

☐ Outstanding ☐ Very Good ☐ Good ☐ Below Average ☐ Unsatisfactory

Overall Rating (What is your overall rating of this applicant?)

☐ Outstanding ☐ Very Good ☐ Good ☐ Below Average ☐ Unsatisfactory

Job Information

What were the dates of his/her employment with you? From _____ To: _____

Why did this employee leave your company? _____

Would you re-hire this employee? ☐ Yes ☐ No If no, why not? _____

Is there anything else that you would like us to know about this person? _____

If you were to have someone take care of a loved one, would you hire him/her? ☐ Yes ☐ No



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