



## Application for Employment

Date:

## Demographic Information

Name: \_\_\_\_\_

Last	First	Middle	Suffix

Address: \_\_\_\_\_

Street City State Zip

Contact Number: \_\_\_\_\_

Are you 18 years or older?   Yes   No

Email:

Are you a US citizen? Yes No

Date of Birth:\_\_\_\_\_

Are you permitted to work in the US? Yes No

SSN#:\_\_\_\_\_

Are you authorized to work in Ohio? Yes No

Do you have a valid driver's license? Yes No      Do you have Auto Insurance? Yes No

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?  
Yes No . If so, please explain. Include dates and locations

## Educational Information

High School:

Did you graduate? Yes No

Date of Attendance: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Address: \_\_\_\_\_

College/ University: \_\_\_\_\_

Did you graduate? Yes No

Date of Attendance: \_\_\_\_\_

Major: \_\_\_\_\_

Degree Attained: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Starting Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Ending Pay: \_\_\_\_\_

Company Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Starting Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Ending Pay: \_\_\_\_\_

Company Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Pay: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Job Responsibilities: \_\_\_\_\_

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### References

Professional and Personal

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Availability							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8a-12p							
12p-4p							
4p-8p							
8p-12a							
12a-8a							

**ATTESTATION:**

**I certify that my answers are true and complete to the best of my knowledge. If hired by Rosebud Home Care LLC, I also certify that if I am ever formally charged with, convicted of, or plead guilty to any misdemeanor or felony offenses, then I shall report it to Rosebud Home Care in writing no later than 14 calendar days of the charge, conviction, or guilty plea.**

**If this application leads to employment, I understand that false information in this application or interview may result in termination.**

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 Signature

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 Date

## Application for Employment

### Office Use Only

Date Application Received: \_\_\_\_\_

Selected for Interview? Yes No

Date of Interview: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Remarks: \_\_\_\_\_

### Reference Checks

Reference Name: \_\_\_\_\_

Interviewer initials: \_\_\_\_\_

Notes:

Reference Name: \_\_\_\_\_

Interviewer initials: \_\_\_\_\_

Notes:

Reference Name: \_\_\_\_\_

Interviewer initials: \_\_\_\_\_

Notes:

Hired? Yes No

Start Date: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Position: \_\_\_\_\_

Estimated Weekly Hours: \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Work Schedule							
Location							

Approved By: \_\_\_\_\_