



APPLICATION FOR EMPLOYMENT

Name _____ Date _____
Last First Middle

Present Address _____
No. Street City State Zipcode

Home Phone _____ Cell Phone _____

Social Security No. _____ - _____ - _____

Position applied for _____ Salary desired _____

Employment Desired FULL-TIME ONLY PART-TIME ONLY

When will you be available to begin work? _____

Driver's license No. _____ State of Issue _____ Expiration Date _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NO. OF YEARS COMPLETED	MAJOR OR DEGREE
COLLEGE				
BUS. OR TRADE SCHOOL				
HIGH SCHOOL				
OTHER				

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORES? YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO

Specialty _____ Date Entered _____ Discharge Date _____

Have you ever been convicted of a crime? Yes No

If yes, 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.

Work Experience Please list your work experience, beginning with your most recent job held										
Name of Employer _____ Address _____ City, State, Zip _____ Phone No. _____ Name of Supervisor _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Employment Dates</th> </tr> <tr> <td style="width: 50%;">From _____</td> <td style="width: 50%;">To _____</td> </tr> </table>	Employment Dates		From _____	To _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Pay or Salary</th> </tr> <tr> <td style="width: 50%;">Start _____</td> <td style="width: 50%;">Final _____</td> </tr> </table>	Pay or Salary		Start _____	Final _____
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We may contact the employers listed above unless you indicate those you do not want us to contact.

Please list two references other than relatives.

Name _____
Position _____
Company _____
Address _____
Telephone _____

Name _____
Position _____
Company _____
Address _____
Telephone _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Home Care TLC, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application no the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Home Care TLC, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Administrator/Owner of the company. Both the undersigned and Home Care TLC, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revives their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any precious notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant _____

Date _____

This company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.