

# PLEASE NOTE

If you intend to email this application:

You must first save this application to your computer before filling it out. After you have completed the entire application, save and press the orange "SUBMIT" button at the bottom of the last page.

If you intend to print this application:

You may continue without saving. This application will not save the information you type. You may print without saving.

# HOME LIFE INC.

## Employment Application



<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Message Phone		Date Available to Start?	
Position(s) applying for			
Are you 18 years of age or older?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a good driving record?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a personal vehicle?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have current Auto Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you referred to us by a Home Life Employee?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, who?	

Where did you hear about this job opening? \_\_\_\_\_

List the days & times you are available for work? \_\_\_\_\_

Describe any experience you have working with developmental disabilities or mental illness: \_\_\_\_\_

<b>EDUCATION</b>			
High School			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, have you completed GED? YES <input type="checkbox"/> NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<b>PERSONAL REFERENCES</b>	
<i>Please list three personal references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	Years Known?
Full Name	Relationship
Company	Phone (     )
Address	Years Known?
Full Name	Relationship
Company	Phone (     )
Address	Years Known?

**OTHER INFORMATION**

Please list all current certificates that you have earned including CPR and First Aid: \_\_\_\_\_

Why do you want to work at Home Life? \_\_\_\_\_

What kind of Supervisor do you prefer to work with? \_\_\_\_\_

What job have you enjoyed the most and why? \_\_\_\_\_

What job have you enjoyed the least and why? \_\_\_\_\_

PREVIOUS EMPLOYMENT			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**DISCLAIMER AND SIGNATURE**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I FURTHER UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION CAN BE CONSIDERED SUFFICIENT GROUNDS FOR DISCHARGE.

As part of my application for employment at Home Life, I hereby consent to and authorize the release of any and all information to Home Life which may be considered in evaluating my qualifications for employment. I therefore release all parties and persons connected with any request for information from all claims, liability and/or damages for whatever reason arising out of furnishing such information.

Signature

Date

# Individual Driver Questionnaire

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Any License Restrictions? \_\_\_\_\_

## DRIVING RECORD

Has your driver's license ever been suspended or revoked?                      Yes       No

If yes, for what reason(s) and how long? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any traffic violations or convictions?    Yes       No

Date	Type of Conviction	Fine or Penalty

Have you ever been involved in any accidents?                                      Yes       No

Date	Brief Description	Who was at fault?

By signing this document, I declare that all information provided is true and correct. I understand that a motor vehicle report will be ordered utilizing the information that I have provided. This report will give a full description of violations, convictions, suspensions, or accidents that I have been involved in for the past three years and this report is a condition of my insurability with Home Life's Company.

Signature \_\_\_\_\_ Date \_\_\_\_\_