



Employment Application

OFFICE USE ONLY		
Interview		Emp. ID:
Date:	Time:	

Personal Information

				Email Address	
Last Name	First Name	Middle Initial	Date of Birth	Today's Date	
Street Address			Telephone (Day/Evening)		
City	State	Zip Code	Social Security No. - -		

Are you 18 years of age or older? Yes No Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? Yes No

A birth certificate or other proof of age? Yes No Can you, at time of orientation, submit: proof of your legal right to work in U.S.? Yes No

Are you aware of any condition or circumstance which would prevent you from performing the job for which you have applied if yes, Please Explain. _____

Job Description

Type of position you are applying: <input type="checkbox"/> Receptionist <input type="checkbox"/> Homemaker / Companion <input type="checkbox"/> Personal Care Assistant <input type="checkbox"/> Live-in Companion					
Date Available	Salary Expected	Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Other			
		<input type="checkbox"/> Employee Referral (name) _____			

Availability

Please specify the days and hours you are available.

	Yes	No		From	To
Any day, any hour.	<input type="checkbox"/>	<input type="checkbox"/>			
Are you available to work on holidays?	<input type="checkbox"/>	<input type="checkbox"/>	Sunday	:	:
Are you willing to travel to and from client's homes	<input type="checkbox"/>	<input type="checkbox"/>	Monday	:	:
Are you presently employed?	<input type="checkbox"/>	<input type="checkbox"/>	Tuesday	:	:
Do you own a car with current insurance?	<input type="checkbox"/>	<input type="checkbox"/>	Wednesday	:	:
Do you have a current driver license?	<input type="checkbox"/>	<input type="checkbox"/>	Thursday	:	:
Do you have dependable transportation to/from work?	<input type="checkbox"/>	<input type="checkbox"/>	Friday	:	:
Do you have a criminal history?	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	:	:
There are times we are required to run errands for or take clients to appointments; will you be able to do this?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you speak, read or write in any language other than English? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>			

Please use this space to list and/or describe any additional skills you possess (i.e. computer hardware/software, typing (wpm), etc.)

Education

Education	School Name and Location	Circle Highest Year Completed/Major	Graduated (Check One)
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College	From: _____ To: _____	Major: _____ Degree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other School	From: _____ To: _____	Major: _____ Degree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please List any additional education, training, certificates, license, or special skills that are related to the job for which you are applying.

References

Please list three references, preferably work related.

Name	Company / Address	Title / Relationship	Phone Number
1.			
2.			
3.			

Work Experience

Dates Employed (Month / Year)	Employer name, Address and Phone	Position, Held and Supervisor Name	Salary	Reason for Leaving
From	Company		Starting	
	Address			
To	Telephone		Final	
From	Company		Starting	
	Address			
To	Telephone		Final	
From	Company		Starting	
	Address			
To	Telephone		Final	

HES, LLC Is an Equal Opportunity Employer. **HES, LLC** policy prohibits discrimination on the basis of age, race, color, religion, sex, marital status, national origin, citizenship, disability, or any other basis in accordance with applicable federal, state, or local laws.

Read Carefully and Sign Below

Please do not respond to the following question until after you have read and/or discussed the job description for the position for which you are applying

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" cannot be changed verbally or in writing, unless the change is specifically authorized in writing by a chief operating officer of this agency. I understand that this application is not a contract of employment. I understand that the federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for employment I must submit a new application.

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and dismissal and such other penalties as may be prescribed by law or employment agency policy and procedure.

Signature: _____ Date ____/____/____

753 Maple Ave.
Hartford, CT 06114
Tel : 860.251.8362
Fax : 860.251.8372

www.hartfordelderlyservices.com