



Each franchise location independently owned and operated.

EMPLOYMENT APPLICATION

PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY

PERSONAL INFORMATION

TODAY'S DATE: ___/___/___
Month Day Year

FULL NAME _____
First Middle Initial Last

CURRENT ADDRESS _____
Street Address City State Zip

How long have you lived at your current address? _____

PREVIOUS ADDRESS _____
Street Address City State Zip

Social Security Number: [] [] [] - [] [] [] [] [] [] []
Home Phone: () - -
Cell Phone: () - -
Email address: _____

WHAT PROMPTED YOU TO APPLY? (Check all that apply)
 Advertisement Employee (Name: _____) Relative
 Walk-in Internet Other: _____

POSITION(S) THAT YOU ARE APPLYING FOR: _____
 FULL-TIME LIVE-IN PART-TIME TEMPORARY

HOURS AVAILABLE (indicate AM/PM)

HOURS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

DATE AVAILABLE FOR WORK ___/___/___ PREFERRED HOURLY RATE \$ _____

HAVE YOU PREVIOUSLY APPLIED FOR A POSITION AT COMFORT KEEPERS? YES NO DATE ___/___/___

HAVE YOU COMPLETED CNA TRAINING OR ARE YOU A CURRENT CNA? YES NO DATE ___/___/___

HAVE YOU HAD PAID EXPERIENCE PROVIDING PERSONAL CARE SERVICES? YES NO DATE ___/___/___

ARE YOU AT LEAST 19 YEARS OF AGE? (Insurance requirement) YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of eligibility will be required) YES NO

OTHER NAME(S) UNDER WHICH EMPLOYMENT, PROFESSIONAL LICENSE(S) OR CERTIFICATION(S), & EDUCATION MAY BE VERIFIED. _____

ARE YOU PRESENTLY ON LAYOFF OR SUBJECT TO RECALL FROM ANY OTHER COMPANY? YES NO
IF YES, PLEASE EXPLAIN: _____

PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY: RELATIONSHIP _____
NAME _____ PHONE NUMBER () - -
Last First Initial
ADDRESS _____

WE PROVIDE SERVICE TO MOST OF NEW CASTLE COUNTY. WHAT IS THE MAXIMUM AMOUNT OF MILEAGE YOU ARE WILLING TO DRIVE TO A CLIENT'S HOME? _____

HAVE YOU EVER BEEN CONVICTED OF/OR PLEADED GUILTY TO A CRIME? YES NO
 IF YES, PLEASE EXPLAIN: (give date, location, charge, etc.) _____

 (Convictions will not necessarily disqualify you for employment.)

DO YOU OWN A RELIABLE CAR? YES NO
 DO YOU HAVE VALID CAR INSURANCE? YES NO
 DO YOU HAVE A VALID DRIVERS LICENSE? YES NO
 DL# _____ TYPE _____ STATE OF ISSUE _____
 HAVE YOU HAD ANY MOVING VIOLATIONS/POINTS ASSIGNED IN THE PAST 3 YEARS? YES NO
 IF YES, PLEASE DESCRIBE AND INDICATE THE NUMBER OF POINTS ASSIGNED. _____

REFERENCES

List three business or work references that are not related to you. If not applicable, list three school or personal references that are not related to you, whom have knowledge of your work ethic, experience and abilities.

NAME	TELEPHONE NUMBER	YEARS KNOWN	RELATIONSHIP
	(____) _____ - _____		
	(____) _____ - _____		
	(____) _____ - _____		

EDUCATION

NAME/ADDRESS OF SCHOOL	COURSE COMPLETED / GRADUATION STATUS	DEGREE / CERTIFICATION RECEIVED	MAJOR / CONCENTRATION
HIGH SCHOOL:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
COLLEGE/ UNIVERSITY:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	
COLLEGE / UNIVERSITY:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	
OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:	

EMPLOYMENT HISTORY

List all work experience, military service, self-employment and periods unemployed during the last 15 years, beginning with the most recent. Volunteer work is considered valid work experience. **Attach an additional sheet if necessary.** Note: A resume will not substitute for this section.

COMPANY NAME	EMPLOYMENT DATES FROM ___/___/___ TO ___/___/___	TOTAL TIME W/ COMPANY (yrs/mos)	SALARY Start \$ _____ <input type="checkbox"/> hr <input type="checkbox"/> yr Ending \$ _____ <input type="checkbox"/> hr <input type="checkbox"/> yr
POSITION	SUPERVISOR NAME & TITLE	SUPERVISOR PHONE NUMBER (_____) _____ - _____	
COMPLETE MAILING ADDRESS (street, city, state, zip)	DUTIES	REASON FOR LEAVING	

EXPLAIN TIME BETWEEN JOBS:

COMPANY NAME	EMPLOYMENT DATES FROM ___/___/___ TO ___/___/___	TOTAL TIME W/ COMPANY (yrs/mos)	SALARY Start \$ _____ <input type="checkbox"/> hr <input type="checkbox"/> yr Ending \$ _____ <input type="checkbox"/> hr <input type="checkbox"/> yr
POSITION	SUPERVISOR NAME & TITLE	SUPERVISOR PHONE NUMBER (_____) _____ - _____	
COMPLETE MAILING ADDRESS (street, city, state, zip)	DUTIES	REASON FOR LEAVING	

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POSITION	SUPERVISOR NAME & TITLE	SUPERVISOR PHONE NUMBER (_____) _____ - _____	
COMPLETE MAILING ADDRESS (street, city, state, zip)	DUTIES	REASON FOR LEAVING	

EXPLAIN TIME BETWEEN JOBS:

Please Check Only One of the Boxes Below.

- I authorize Comfort Keepers to conduct investigations into my entire employment history, including current employment.
- I will authorize Comfort Keepers to contact my current employer only upon extension of a conditional offer of employment.

EMPLOYMENT CONTRACT

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 for employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and the employer or myself may terminate my employment at any time and for any reason with or without prior notice. **I understand that employment is considered “Conditional Employment” until such time that all background information, including Service Letters from previous healthcare and childcare employers, has been received.** No representative of Comfort Keepers 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 Comfort Keepers.

This application will remain on active file for 60 days. 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 60 days, this application is no longer active, and I will need to reapply for employment if I wish to be considered for a job with Comfort Keepers.

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 is not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its representatives, and 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, Comfort Keepers, is an Equal Opportunity Employer. The employer does not discriminate in employment. No questions on this application are used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

NOTICE: This is to inform you that as part of processing your employment application, we may obtain a consumer report and/or an investigative report, which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I attest that the information given in this **application represents a full and complete disclosure** of my current and previous employment and that all the information contained in this employment application is true and complete to the best of my knowledge. Additionally, I understand that failure to provide a full and complete disclosure of all information required is a violation of Delaware Code Title 19 Chapter 7 §708 Subsection (9). This violation may be subject to a civil penalty of not less than \$1,000 nor more than \$5,000 for each violation.

SIGNATURE _____ DATE _____

At Comfort Keepers, we value diversity in our organization, and we are an equal opportunity employer. We do not discriminate against any applicant because of race, religion, color, sex, sexual orientation, age, national origin, physical and/or mental disability, marital and/or familial status, pregnancy, and military status.