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| **Employment Application**  |

**XCEL CARE, LLC.**

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| Applicant Information Please complete all fields and print clearly |
| Last Name |  | First |  | M.I. | Sex  | Female [ ]  Male [ ]  |
| Mailing Address(Number and Street Address or PO Box No.) |  | Apt./Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| If lived in CT for less than 3 years please list prior residence  |
| Mailing Address(Number and Street Address or PO Box No.) |  | Apt./Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date of Birth |  **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_** |  | Driver’s License No.  |  | Driver’s License State |  |
| Social Security No.  | \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  | **NOTE:** If you use an invalid Social Security Number, your application will be rejected. |
| Date Available |  | Position Applied for  | Homemaker [ ]  Companion [ ]   |
| **EMPLOYMENT AUTHORIZATION** |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| Have you ever worked for this company? | YES [ ]  | NO [ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |  |
| Has any health-related licensing, certification, or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you? OR are you convicted of a crime involving violence or dishonesty in a state/federal court in any state?  | YES [ ]  | NO [ ]  | If yes, indicate the type and the license/certificate number |  |
| CNA OR HHA training AND CERTIFICATION |
| Name of school or facility where you received/will receive your training  |  |
| Mailing Address of School or Facility(Number and Street Address or PO Box No.) |  |
| City |  | State |  | ZIP Code |  | Phone |  |
| State Certification ID#  |  | State |  | Certification Type  | Homemaker [ ]  Companion [ ]  |
| Beginning date of training  |  | End date of training |  | Did you graduate? | YES [ ]  NO [ ]  |

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| **EDUCATION** |
| High School  |  | Address |  |
| From(date) |  | To(date) |  | Did you graduate? | YES [ ]  NO [ ]  | Degree |  |
| College |  | Address |  |
| From(date) |  | To(date) |  | Did you graduate? | YES [ ]  NO [ ]  | Degree |  |



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| MOST RECENT 2 EMPLOYMENT |
| Company 1 |  | 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 [ ]  NO [ ]  |
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| Company 2 |  | 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 [ ]  NO [ ]  |
| **REFERENCES**Please list two individuals with whom you have worked who are in a position to evaluate your performance. |
| Full Name | Title | Company | Phone |
| Full Name | Title | Company | Phone |
| **ADDITIONAL INFORMATION (SECOND LANGAUGES)** Please list any other work related information such as foreign language competency |
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| **EMERGENCY CONTACT** In case of emergency, please indicate who should be contacted  |
| Contact Full Name |  | Contact Phone |  | Contact Relationship |  |
| cERTIFICATION STATEMENT AND SIGNATURE |
| **I certify that my answers and 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, dismissal, or other action pursuant to Xcel Care LLC employment policy and procedure, and subject to criminal penalties as prescribed by law.** **Xcel Care does not discriminate against race, gender, or religion.** |
| Signature |  | Today’s Date |  |