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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 | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | |  | | | | | | |