



EMPLOYMENT APPLICATION

Standards of Care Staffing, Inc. is an excellent place to work. We are always looking for qualified Home Health Aides, Personal Care, Nurse Assistants, Companions, Licensed Practical Nurses, and Registered Nurses. If you are interested in employment, please take a moment to fill out this form. Please print.

PERSONAL					
NAME (Last, First, Middle)	DATE	SOCIAL SECURITY NUMBER			
ADDRESS (City, State, Zip)					
HOME PHONE	WORK PHONE	E-MAIL ADDRESS			
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO (VERIFICATION WILL BE REQUIRED UPON HIRE)					
ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO (VERIFICATION WILL BE REQUIRED UPON HIRE)					
JOB INTEREST					
POSITION DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> TEMPORARY/SEASONAL					
STARTING DATE: _____ PAY PER HOUR EXPECTED: \$ _____ AVERAGE # OF HOURS PER WEEK DESIRED _____					
HOW WERE YOU REFERRED TO US? _____					
EDUCATION - LICENSURE - CERTIFICATION					
Name and Address of School	Course of Study	# of years completed	Did you graduate?	Name of degree, certificate or diploma	License, Registration Certification
GRADUATE					Type _____ License# _____
COLLEGE					Expiration Date _____ State _____
BUSINESS/TRADE/TECHNICAL					Type _____ Certification # _____
HIGH SCHOOL					Expiration Date _____ State _____
OTHER SPECIALIZED TRAINING (i.e technical training, etc.)					
OFFICE SKILLS (i.e. types of office machines and software you can operate)					
REFERENCES					
LIST THREE PRIOR EMPLOYEES OR SUPERVISORS WHO CAN COMMENT ON YOUR ABILITIES.					
Name	Company Name	Telephone	Title/Position	How long have you worked together.	
1.					
2.					
3.					

EMPLOYMENT HISTORY

Employer	May we contact this employer as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone (include area code and extension)
Address:		Dates of employment (month and year)
Name of Supervisor	Weekly Pay Start \$ _____ End \$ _____	
Describe your job title and responsibilities		Reason for leaving

Employer	May we contact this employer as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone (include area code and extension)
Address:		Dates of employment (month and year)
Name of Supervisor	Weekly Pay Start \$ _____ End \$ _____	
Describe your job title and responsibilities		Reason for leaving

Employer	May we contact this employer as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone (include area code and extension)
Address:		Dates of employment (month and year)
Name of Supervisor	Weekly Pay Start \$ _____ End \$ _____	
Describe your job title and responsibilities		Reason for leaving

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

If yes, give details: _____

*In answering the following questions, do not include a first conviction for
drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace.*

(a) HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR WITHIN THE PAST FIVE YEARS? YES NO

If yes, give details: _____

(b) HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR FIVE OR MORE YEARS AGO? YES NO

If yes, give details: _____

I certify that the information provided by me in this application is correct and complete to the best of my knowledge. I understand that any false information or omission of fact may disqualify me for employment and may be cause for dismissal at a later date.

I understand and agree that any offer of employment is contingent upon satisfactory completion of SCS pre-employment investigation which includes but is not limited to health assessment, criminal history check, educational and work verification, reference checks, consumer report and any investigation required by state laws.

I understand that acceptance of an offer of employment with SCS does not create a contractual obligation, my employment will be for an indefinite period of time and will be "at will" which means that either SCS or I may terminate the employment relationship at any time and for any reason or no reason.

DATE: _____ SIGNATURE: _____

*Standards Care Staffing Inc., is an **Equal Opportunity Employer** and does not unlawfully discriminate in employment decisions because of race, religion, color, national origin, age, disability, sex or veteran.*