



For Office Use Only – Do not write in box:
 Date Hired: _____ Pay Rate: _____
 Orientation: _____ Pay Rate2: _____

EMPLOYMENT APPLICATION

Name: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work or Alternate Telephone: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position (s) Applied for: 1) _____ 2) _____

- | | |
|--|--|
| <input type="checkbox"/> Newspaper (which one) _____ | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> Recruiter | <input type="checkbox"/> Health/Career Fair |
| <input type="checkbox"/> Current Employee | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Other (Job Service, etc.) _____ |

Minimum Income Requirements: _____

Have you worked for Guardian Home Care, Beacon In Home Care & Staffing, or Country Care before? _____

If yes, when? _____

If hired, on what date will you be available for work? _____

If driving is required of this position:

Do you have a reliable means of transportation? _____

Do you have a current Idaho driver's license? _____ Driver's license #: _____

Are you currently covered by auto liability insurance? _____

Any objections to travel, if required by job? _____

Are you a U.S. Citizen or Alien with the Right-to-Work in the U.S.? _____

Other: _____

Please list any reason known to you why you might be unable to perform consistently and promptly any of the job duties: _____

Have you ever been involved or suspected to be involved in any crime abuse or theft related? YES ___ NO ___

Have you ever been convicted of a felony? YES ___ NO ___ If yes, when? _____

Have you ever been released from a job due to discipline or being fired? _____ Why? _____

Type of License (i.e., RN, PT, CNA, etc.) _____ Expiration Date: _____ License #: _____

Has your professional license, if required for this position, ever been revoked? _____

If yes, please explain: _____

Have you worked in any state other than Idaho? _____ If so, what state(s)? _____

EDUCATIONAL BACKGROUND

Type of School	Name	City	Years	Graduated		Course
				Yes	No	
High School						
College						
Post Graduate						
Business or Trade						
Other						

Professional References:

Please list three business or school related references. Please do not list any members of your immediate family.

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

May we contact the employers listed for reference / job history? _____

If not, please indicate which one(s) you **DO NOT** wish us to contact and why: _____

WORK HISTORY

(List in order, most recent employer first)

Position Title: _____ From: _____ To: _____
Name of Employer: _____
Address: _____ Phone () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Immediate supervisor's name: _____ Title: _____
Reason for wanting a job change: _____

Position Title: _____ From: _____ To: _____
Name of Employer: _____
Address: _____ Phone () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Immediate supervisor's name: _____ Title: _____
Reason for wanting a job change: _____

Position Title: _____ From: _____ To: _____
Name of Employer: _____
Address: _____ Phone () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Immediate supervisor's name: _____ Title: _____
Reason for wanting a job change: _____



5700 E Franklin Road, Ste. 250 • Nampa, ID 83687 • Phone 208-461-1600 • Fax 208-461-4251 • or call 1-800-329-6034

REFERENCE FORM

To (Previous Employer) _____

Address _____

Street Name & Number City State Zip Code

Phone Number _____ Fax Number _____

REGARDING:

Employee _____

First Name Middle Initial Last Name

Social Security Number _____ Phone Number _____

Position(s) Held _____ Dates employed from _____ to _____

I hereby authorize and request the above employer to answer all questions completely about myself listed below.

Signature _____ Date _____

The above named employee has applied for a position with our company and is being considered for employment. Given the nature of this industry, you understand the importance of hiring reliable employees. Please take a moment to fill out the attached reference form to help us get a better understanding of the applicant in question.

Sincerely,

Human Resources

Is the above information correct? Yes _____ No _____ If not, please explain

Please rate the applicant with the following guidelines: A = Good, C = Average, F = Poor

Responsible _____ Quality of Work _____ Attendance _____

Reason for leaving _____

Any additional information we should know about this person? _____

Information supplied by _____

Title _____ Date _____

THANK-YOU VERY MUCH FOR YOUR COOPERATION IN THIS MATTER

Are there any other experiences, skills, or qualifications which you feel are relevant to this job that has not already been mentioned?

Please list the times you will be able to work in the matrix below:

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:00-6:00 AM							
6:00-7:00							
7:00-8:00							
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00 PM							
1:00-2:00							
2:00-3:00							
3:00-4:00							
4:00-5:00							
5:00-6:00							
6:00-7:00							
7:00-8:00							
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00 AM							
1:00-5:00							

I hereby certify that the answers given by me to all the questions contained on this application form are true and correct to the best of my knowledge. If employed by the Guardian, I will comply with all rules and regulations of the Company. I agree to submit to a physical and/or drug examination (if required). I also authorize my former employers to give any information they have regarding me, whether or not it is on their records. I hereby release them and the Company from all liability for any damage whatsoever for issuing the same. I understand that if any fraudulent information is given on this application, it may be grounds for immediate termination from my position. Guardian is an Equal Opportunity Employer. I understand that job positions are placed equally without discrimination because of race, creed, color, religion, sex, national origin, sexual preference, handicap or age.

Signature: _____

Date: _____

Please return email completed application to hr@guardianhomecare.org

Or fax to (208) 461-4251 Attn: Human Resources

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credential, credit, and references.

I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment in order to comply with company policy.

- II. Medical workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Guardian Home Care, Inc. or its agent, to furnish the information described in Section 1.
- V. Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees to facilitate a background check.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State ZIP Code

Social Security Number Date of Birth

The following states require sex and race to obtain information:
AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female
Race: Asian Black Hispanic White Other

Driver's License Number State Issuing License

Name as it appears on license

Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name _____

Date _____

Notary Public _____

My commission expires _____