



EMPLOYMENT APPLICATION

Personal information

Full name: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City State Zip Code

Date Available: _____ Desired Pay: \$ _____ Hour | Salary

Position applied for: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Do you have a driver's license Yes No If yes, ID#: _____

Has your driver's license ever been revoked? Yes No If yes, explain? _____

Have you ever been convicted of a felony? Yes No If yes, explain? _____

Do you know of any reason you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No If yes, explain? _____

Did you serve in the US Armed Forces? Yes No If yes, in which branch? _____

Please list all licenses and certifications you now hold.

DSP	<input type="checkbox"/>	LCSW	<input type="checkbox"/>	CAN	<input type="checkbox"/>	OTHER: <input type="checkbox"/>
CRMA	<input type="checkbox"/>	LCPC	<input type="checkbox"/>	LPN	<input type="checkbox"/>	(List Here)
CPR/FIRST AID	<input type="checkbox"/>	MSW	<input type="checkbox"/>	RN	<input type="checkbox"/>	
CPI	<input type="checkbox"/>	LADC	<input type="checkbox"/>	MHRT	<input type="checkbox"/>	

Emergency Contact

Full name:	_____	Relationship:	_____
Phone:	_____	Email:	_____
Address:	_____		

Education History

What is your highest level of education?

- High School
- College
- Graduate
- Business / Trade Technical
- Other

If other, please specify _____

Are you willing to provide the proof of your education? Yes No

Employment History

Company:	_____	Phone:	_____		
Address:	_____	Supervisor:	_____		
Job title:	_____	From:	_____	To:	_____

May we contact this employer? Yes No

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job title: _____	From: _____ To: _____
May we contact this employer? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

References

Please list two professional references.

Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____
Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____

Disclaimer and signature

This application does not constitute an employment contract. If I accept a position offered by, We Care, I understand and acknowledge that, unless otherwise mandated by law, my employment will be considered "at will." This means that either I or We Care terminate the employment relationship at any time and for any reason, with or without cause. Furthermore, no representative of We Care, unless duly authorized in writing by its leadership team, possesses the authority to modify the voluntary nature of this employment relationship.

We Care is committed to equal opportunity employment and uphold non-discrimination principles in all aspects of our operations. We Care do not discriminate against employees or prospective employees based on race, religion, color, gender, age, national origin, physical or mental disability, veteran status, familial status, genetic information, or any other protected status under applicable federal, state, or local laws.

By submitting this application, I authorize We Care to contact and gather information from my previous employers, educational institutions, and listed references, as well as any other relevant parties, to verify the accuracy of the information provided herein.

I have read, understood, and agree to abide by all the terms and conditions outlined in this statement.

Signature: _____	Date: _____
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