



APPLICATION

6478 Putnam Ford Dr., Ste 107 Woodstock, GA 30189
 OFFICE:678-494-8129 FAX 678-494-8139

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State	ZIP	County	
Cell Phone		E-mail Address			
Home Phone		Social Security No.		Hourly Rate Desired	
Position Applied for		<input type="checkbox"/> CNA <input type="checkbox"/> MA <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Other:		Date you can start	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for or applied to Silver Companions?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony? (A conviction will not necessarily result in denial of employment)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been convicted of a crime & how long ago?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

<input type="checkbox"/> CNA (Certified Nursing Assistant)	License #	Exp. Date							
<input type="checkbox"/> MA (Medical Assistant)	License #	Exp. Date							
<input type="checkbox"/> RN (Registered Nurse)	License #	Exp. Date							
<input type="checkbox"/> Other:	License #	Exp. Date							
<input type="checkbox"/> CPR	Exp Date	<input type="checkbox"/> TB	Exp Date	Driver's License	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Car Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
List all other training or Certifications relative to job applying to:									

SCHEDULE, SKILLS, GENERAL

What skills do you have that would help us determine why you are the most qualified person for this job?

Are you available to work weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Some <input type="checkbox"/>	Please indicate the days and times you are available					
Are you available to work nights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Some <input type="checkbox"/>	Anytime <input type="checkbox"/>		Days AM <input type="checkbox"/>		Evenings PM <input type="checkbox"/>	
Would you consider live-in?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Some <input type="checkbox"/>	Mon. From		To:			
Do you have a car & insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Shared <input type="checkbox"/>	Tues. From		To:			
How far will you drive? (Miles & Minutes)				Wed. From		To:			
Do you smoke?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Thur. From		To:			
Can you refrain from smoking on jobsite?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Fri. From		To:			
Are you ok working with pets?	Small Dogs <input type="checkbox"/>	Large Dogs <input type="checkbox"/>	Cats <input type="checkbox"/>	Sat. From		To:			
Can you provide a background Check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Sun. From		To:			
Check box if you have experience with any of the following ?	Hoyer <input type="checkbox"/>	Dementia <input type="checkbox"/>	Parkinson's <input type="checkbox"/>	Depression <input type="checkbox"/>	Anger <input type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>	Brain Injuries <input type="checkbox"/>	Para or Quadriplegia <input type="checkbox"/>	
Other experience related to position?									

REFERENCES PLEASE LIST THREE PROFESSIONAL REFERENCES. DO NOT USE YOUR FRIENDS, PASTOR, OR FAMILY

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT (PROVIDE AT LEAST A FIVE YEAR WORK HISTORY)

Company		Phone	
Address		Supervisor	
Job Title		Hourly Rate	\$
			Ending Rate
			\$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Sign	

Company		Phone	
Address		Supervisor	
Job Title		Hourly Rate	\$
			Ending Rate
			\$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Sign	

Company		Phone	
Address		Supervisor	
Job Title		Hourly Rate	\$
			Ending Rate
			\$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Sign	

DISCLAIMER AND SIGNATURE

By signing this application, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I further understand that the state of Georgia is a right-to-work state and that I can be terminated for any reason.

I authorize the investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release the company from all liability and any damage that may result from utilization of such information..

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative.

Signature	Date
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