

# Home Sweet Home Supportive Living Employment Application/homesweethomeliving.com

Please mail copies of the attached application and of all the required certifications to:

**PO Box 38085, St. Louis, MO 63138**

## Applicant Information

Last Name	First Name	Initial	DOB
Street Address			
City/State/Zip	Soc Sec #	Date	
Phone No.	E-mail Address		
Date Available	Full/Part/PRN	Desired Salary	
Position Applied			
Are you a USA citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, do you have a permit to work in US? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for an ISL? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, when?	
Do you have a criminal record? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Emergency Information Name/Number?			

## Education

Diploma/GED?	Address	
From	To	
College/University	Address	
From	To	Qualifications
Professional License	Expiration	

# References

Please list two professional references.

Full Name	Relationship
Company	Phone No ()
Address	
Full Name	Relationship
Company	Phone No ()
Address	
Full Name	Relationship
Company	Phone No ()
Address	

# Previous Employment

Company	Phone No ()	
Address	Supervisor	
Job Title	Starting Salary	Final Salary
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company	Phone No ()	
Address	Supervisor	
Job Title	Starting Salary	Final Salary
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company	Phone No ()	
Address	Supervisor	
Job Title	Starting Salary	Final Salary
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Do you have reliable transportation? \_\_\_\_\_

Driver license # \_\_\_\_\_ Exp. Date \_\_\_\_\_ License pate # \_\_\_\_\_

What is your auto insurance company and policy number ? \_\_\_\_\_

Do you have a current CPR card? If so what is the expiration date? \_\_\_\_\_

Have you currently taken a First Aid class, If so when? \_\_\_\_\_

Have you ever received Level 1/Medication Aid training? \_\_\_\_\_ If so when? \_\_\_\_\_

TB expiration date? \_\_\_\_\_

Can you lift consumers? No      50 pounds      100 pounds      150 pounds

Have you Registered for Caregiver Safety Registry? \_\_\_\_\_

Are you currently on the Employee Disqualification List (EDL)? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

## **Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize you and/or your agents investigate, directly or indirectly, all statements contained on this application. Including but not limited to a criminal record check. I also understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my compensation, be terminated, for any or no reason, with or without notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_