



APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by the state or local law. It is our intention that all qualified applicants are given equal opportunity and that selection decision is based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based on non-job-related information.

Job Applied for: (Registered Nurse (RN), Licensed Practical Nurse (LPN), Non-Emergency Medical Transportation (NEMT) Driver, Certified Nurse's Assistant (CNA), Sitter, Companion, etc.)

Specify Job Title: _____ Today's Date: _____

Are you seeking: Full-Time Part-time Temporary employment? When could you start work? _____

_____ (____) _____

First Name Last Name Middle Initial Phone Number

Present Address City State Zip Code

Are you 18 years of age or older? Yes No (If you are hired you may be required to submit proof of age.)
If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)?..... Yes No

If yes, give details: _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expected to be engaged in any other business or employment? Yes No

If yes, please explain? _____

Caregiver Driving: Do you have a valid driver's license? Yes No

Driver's License Number: _____

Have you had your driver's license suspended or revoked in the last 3 years?..... Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held: _____

	# of Years Completed	Diploma/ Degree/Certificate	Subjects Studied
LIST NAME AND ADDRESS OF SCHOOLS			
High School or GED _____	_____	_____	_____
College or University _____	_____	_____	_____
Vocational or Technical _____	_____	_____	_____
What skills or additional training do you have that are related to the job for which you are applying? _____ _____			

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and period of unemployment.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
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ADDRESS	DATES OF EMPLOYMENT? FROM:	TO:
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CITY, STATE, ZIP CODE	PAY:	START \$	FINAL \$
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SUPERVISOR	TELEPHONE	REASON FOR LEAVING
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NAME OF EMPLOYER	JOB TITLE AND DUTIES
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ADDRESS	DATES OF EMPLOYMENT? FROM:	TO:
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CITY, STATE, ZIP CODE	PAY:	START \$	FINAL \$
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NAME OF EMPLOYER	JOB TITLE AND DUTIES
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ADDRESS	DATES OF EMPLOYMENT? FROM:	TO:
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CITY, STATE, ZIP CODE	PAY:	START \$	FINAL \$
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SUPERVISOR	DATES OF EMPLOYMENT?	FROM:	TO:
NAME OF EMPLOYER	PAY:	START \$	FINAL \$
ADDRESS	JOB TITLE AND DUTIES		
CITY, STATE, ZIP CODE	DATES OF EMPLOYMENT?	FROM:	TO:
SUPERVISOR	TELEPHONE		

Have you worked or attended school under any other name? Yes No
 If yes, give names: _____

Are you currently employed?
 Yes No

If yes, may we contact your present employer?
 Yes No

Have you ever been fired from a job or asked to resign?
 Yes No

If yes, please explain:

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____

POTENTIAL EMPLOYEE PROJECTED SCHEDULE AVAILABILITY

Please provide the following information on your availability to work for Martin's Manor Home Care.

Type of transportation you have/will use for home visits: _____.

Do you have any allergies that would affect your work at Martin's Manor?
 If yes, please list here: _____.

Do you have a problem working with a client who smokes? Yes No

How many hours are you willing to work per week? _____

Locations by Georgia counties you are willing to work? (Select those counties that apply)

PLEASE CHECK (X) FOR THE COUNTIES YOU ARE ABLE TO WORK

CLAYTON	COBB	DEKALB	FULTON	GWINNETT	HENRY	NEWTON	ROCKDALE

PLEASE CHECK (X) THE DAYS AND TIMES OF WEEK YOU ARE AVAILABLE

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

**Other times will be assessed on a case-by-case basis.