



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____
 Last First M.I. Social Security Number

Address _____
 Email address

City, ST Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Are you 18 years or older? Yes No

Are you a citizen of the United States of America? Yes No
 If no: _____
 Alien Registration Number

DESIRED EMPLOYMENT

- | | | |
|---|---|--|
| <input type="checkbox"/> Companion | <input type="checkbox"/> Housecleaning | <input type="checkbox"/> Office _____ |
| <input type="checkbox"/> Driver/ Transportation | <input type="checkbox"/> Management _____ | <input type="checkbox"/> Therapist _____ |
| <input type="checkbox"/> Home Health Aide (see below) | <input type="checkbox"/> Nurse: RN / LPN (circle one) | <input type="checkbox"/> Other _____ |

Home Health Aide Applicants only

Have you completed formal (120 hr) Nurse's Aide Training? Yes No
 Do you have a current C.N.A. license? Yes No

Date You Can Start _____ Salary Desired _____

Who referred you to Generation Solutions? (please specify)

- | | |
|---|---|
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Nurse Aide Class _____ |
| <input type="checkbox"/> Friend/ Family _____ | <input type="checkbox"/> Agency/ Other _____ |

EDUCATION

School Level	Name and Location of School	No. of Yrs. Attended	Did you Graduate? If so list degree or certificate	Subjects Studied
High School				
College				
Other (Specify)				

GENERAL

Subjects of Special Study or Training: _____

Training in Geriatric Care: _____

Special Skills (i.e. computer literacy, keyboarding speed, etc.): _____

SERVICE RECORD

Branch of Service	Yrs. of Service	Rank	Discharge:
			<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable

PERSONAL REFERENCES

Please give the names of three persons to whom you are not related, whom you have known at least three years. Do not duplicate business references.

Name	Address	Phone No.	Years Acquainted
		()	
		()	
		()	

In case of an emergency, please notify:

Name: _____ Relationship: _____
 Address: _____ Phone 1: _____
 City, ST Zip: _____ Phone 2: _____

LICENSURE

Please list any license, certification, or registration earned relevant to the position for which you are applying.

License/ Certification/ Registration	State	Number	Expiration Date

If you do not have a required license, have you applied? Yes No Scheduled exam date: _____
 If not licensed in this state, have you applied for reciprocity? Yes No

DISCLOSURE STATEMENT

Have you been convicted, or are you subject to pending charges of a felony or an offense involving drugs/ narcotics, theft, financial dishonesty, inflicting bodily injury, or the abuse of aged/ incapacitated adults? Yes No

Have you ever been excluded from federally funded programs, or are you currently the focus of an investigation that could result in exclusion from federally funded programs? Yes No

If yes to either of the above questions, explain fully: _____

CONDITIONS OF EMPLOYMENT

If hired, your offer of employment is contingent upon a satisfactory drug test result and criminal background check. Proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time you begin work.

Generation Solutions, Inc. is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, disability, citizenship, ancestry, age, marital status, genetic information, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. Generation Solutions operates under an Employment at Will Policy. Employment by Generation Solutions does not confer any contractual right, either expressed or implied, to remain in Generation Solutions' employ; nor does it guarantee any fixed terms and conditions of employment. Employment is not for any specific time and may be terminated at will, with or without cause, and without prior notice.

AVAILABILITY

Name _____

Date _____

Please indicate the days and times you are available to work. *Please indicate a.m. or p.m.*

	Begin Time	to	End Time		Begin Time	to	End Time
Monday	_____		_____	Saturday	_____		_____
Tuesday	_____		_____	Sunday	_____		_____
Wednesday	_____		_____	<input type="checkbox"/> Every Sat / Every Sun (circle one or both)			
Thursday	_____		_____	<input type="checkbox"/> Every other Saturday & Sunday			
Friday	_____		_____	<input type="checkbox"/> Not available on weekends			

Please indicate the number of hours you desire to work each week: _____

Do you have commitments to another employer, which may affect your availability? Yes No
If yes, please specify: _____

Do you have a current driver's license? Yes No
Do you have an automobile to drive to and from work? Yes No
If no, how will you commute to and from work? _____

Comments regarding availability to work: _____

AUTHORIZATION

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 authorize 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 Generation Solutions from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Generation Solutions 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 signed by an authorized company representative.

I agree not to provide private services to any client of the Generation Solutions office for which I am employed, either during my employment with Generation Solutions or for a period of one year after my termination of employment with Generation Solutions. I understand that engaging in such activity will result in my being disqualified for rehire with Generation Solutions. Such activity will also result in a monetary penalty assessed the client.

Signature of Applicant _____ Date _____

FOR INTERVIEWER'S USE ONLY

Interviewer/ Title: _____ Date _____

Comments:

