

Golden Way Home Care is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, religion, national origin, gender, marital status, or disability so long as the prospective applicant has the ability to perform the essential functions of the job. This form is intended for the use in evaluating your qualifications for employment. **All fields must be completed; an incomplete application will not be processed.**

Personal Information: Please print clearly.

Name: (First) (Middle) (Last) (Maiden)			
Street Address:		City:	State: Zip:
Home Phone Number:	Mobile Phone Number:	Alternate Phone Number:	
Email Address:		Social Security Number:	

Emergency Contact Information:

Name:	Phone:
Address:	Relationship:

Employment/Criminal Information:

Have you ever applied or worked for Golden Way Home Care before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when and reason for leaving:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please explain details.

Transportation: Many caregiver positions require the caregiver to transport a client. NC driver's license required.

Do you have dependable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make, Model and Year of Car:
License Plate No.	Do you have a NC Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver license No.	
Auto Insurance Company	Auto Insurance Policy No.

Availability: Please specify the times in which you are available. ****We are primarily a 24 hour 'live in' service.**** Persons whom are not available for 24 hours and cannot do every other weekend a month, need not apply.

	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
Start Time							
End Time							

Are you available to work: Check all that apply.	Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	24 Hours/day? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you looking for: Check all that apply.	Full- Time Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Part -Time Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	As Needed (PRN)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education:

	Name of School	Location	Did you graduate?	What Year?
High School			Yes No	
College			Yes No	
Degrees/Certificates				

Employment History: Please list your complete employment history, starting with the present or most recent to beginning employment.

Company		From:	To:
Address:		Phone:	
Job Title:	Reason for leaving:		
Duties:			
Supervisor:	May we contact your Supervisor? Yes or No	Phone:	

Company		From:	To:
Address:		Phone:	
Job Title:	Reason for leaving:		
Duties:			
Supervisor:	May we contact your Supervisor? Yes or No	Phone:	

Company		From:	To:
Address:		Phone:	
Job Title:	Reason for leaving:		
Duties:			
Supervisor:	May we contact your Supervisor? Yes or No	Phone:	

Company		From:	To:
Address:		Phone:	
Job Title:	Reason for leaving:		
Duties:			
Supervisor:	May we contact your Supervisor? Yes or No	Phone:	

Additional Employment History & Personal References

Company		From:	To:
Address:		Phone:	
Job Title:	Reason for leaving:		
Duties:			
Supervisor:	May we contact your Supervisor? Yes or No	Phone:	

Company		From:	To:
Address:		Phone:	
Job Title:	Reason for leaving:		
Duties:			
Supervisor:	May we contact your Supervisor? Yes or No	Phone:	

Company		From:	To:
Address:		Phone:	
Job Title:	Reason for leaving:		
Duties:			
Supervisor:	May we contact your Supervisor? Yes or No	Phone:	

References: List three (3) personal references, which are not related to you.

Name:	Address:	Relationship	Phone No.:
Name:	Address:	Relationship	Phone No.:
Name:	Address:	Relationship	Phone No.:

CERTIFICATION AND RELEASE: PLEASE READ CAREFULLY BEFORE SIGNING: I certify that I have read and understand this application. Under penalty of perjury, I hereby certify that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I also understand that being impaired or under the influence of legal or illegal drugs or alcohol while on the company or client premises' is explicitly prohibited. I understand I must successfully complete a drug and alcohol screening before I will be considered for employment and when hired I must follow the Drug-Free Workplace Policy.

I understand that if I am hired, nothing herein modifies in any way my "at-will" employment relationship with Golden Way Home Care.

Signature: _____

Date: ____/____/____