

RUTH'S CHOICE IN HOMECARE

Application for Employment

PHONE: 972-298-5555

FAX: 214-466-2828

We are dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin.

DATE: _____

PERSONAL INFORMATION SOCIAL SECURITY NUMBER: _____ M/F: _____

NAME: _____
LAST FIRST MIDDLE

OTHER NAMES YOU HAVE HAD IN THE PAST, INCLUDING, BUT NOT LIMITED TO MAIDEN, SURNAME FOR PREVIOUS MARRIAGES, FIRST NAME, ETC :

PRESENT ADDRESS: _____
STREET CITY ST ZIP

PERMANENT ADDRESS: _____
(IF DIFFERENT FROM ABOVE) STREET CITY ST ZIP

HOME PHONE NUMBER: () _____ CELL NUMBER: () _____

EMAIL ADDRESS: _____

REFERRED BY: _____

ARE YOU A CNA? Y/N **ANY OTHER TRAINING? :** _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY EXPECTED: _____

ARE YOU EMPLOYED NOW? Y/N IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Y/N EVER APPLIED TO THIS COMPANY BEFORE? Y/N WHEN?

EDUCATION	NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED & DEGREE REC'D
HIGH SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, OR CORRESPONDENCE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

HOBBIES, ACTIVITIES AND OTHER INTERESTS: _____
(DO NOT LIST ANY ACTIVITIES OR ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, AGE, SEX, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ DATE(S) _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN INVOLVED IN MOTOR VEHICLE ACCIDENT? _____ DATE(S) _____

IF YES, PLEASE EXPLAIN: _____

FORMER EMPLOYERS LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST

DATE: MONTH AND YEAR	NAME & ADDRESS	SALARY	POSITION & RESPONSIBILITIES	PHONE & FAX NUMBERS	REASON FOR LEAVING
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS **NOT RELATED TO YOU OR WORK RELATED**, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	NUMBER	YEARS ACQUAINTED
1.			
2.			
3.			

AVAILABILITY

Monday Hours _____
Tuesday Hours _____
Wednesday Hours _____
Thursday Hours _____
Friday Hours _____
Saturday Hours _____
Sunday Hours _____

12 Hour Shift Days _____
24 Hour Shift Days _____

AREAS WE SERVICE

Circle the areas that you are willing to work at and travel to.

DUNCANVILLE	DESOTO	CEDAR HILL	LANCASTER
MESQUITE	GARLAND	PLEASANT GROVE	OAK CLIFF
ARLINGTON	GRAND PRAIRIE	MANSFIELD	WAXAHACHIE
NORTH DALLAS	IRVING	PARK CITIES	MIDLOTHIAN
PLANO	RICHARDSON		

IN CASE OF EMERGENCY NOTIFY: _____
NAME RELATIONSHIP WORK PHONE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWER: _____ DATE: _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED _____ POSITION _____ WILL REPORT _____ SALARY WAGES _____

APPROVED: 1. _____ 2. _____
PERSONNEL DIRECTOR ADMINISTRATOR