



Application to become a Special Sitter

(Please Print)

Personal Information

Name: _____ Soc. Sec. #: _____

Address: _____
 Street City State Zip

Telephone: _____
 (Home) (Work) (Cell)

Employment Information

Date available to start: _____

Referred by: _____

License(s)/Certification(s): _____

Other skills: _____

Were you previously employed by us? Yes ___ No ___

If yes, what position? _____ Dates: _____

Education

School	Name & Address of School	Course of Study	Check last year completed				Did you graduate?	List diploma or degree
Elementary			5	6	7	8	Yes No	
High			1	2	3	4	Yes No	
College			1	2	3	4	Yes No	
Other (Specify)			1	2	3	4	Yes No	

Miscellaneous

Are you authorized to work in the U.S.? ___ Yes ___ No

Have you ever been convicted of a felony, misdemeanor, or any offense including a felony or disciplined pursuant to a Federal or State Health Care reimbursement program? (i.e. Medicaid) ___ Yes ___ No

Specify age if under 18 _____

List Present or Most Recent Employer

Company Name: _____ Phone: _____
Address: _____ Employed from _____ to _____
Job Title: _____ Salary start: _____ End: _____
Name of Supervisor/Title: _____
Describe your work: _____
Reason for leaving: _____

References

Do Not Include Family Members

List the names, addresses, and phone numbers of two individuals with whom you are currently working or have worked for in the past, who would be able to tell us about your job performance.

Name	Address	Job Title	Phone Number

List the names, addresses, and phone numbers of two individuals who would be personal references.

Name	Address	Job Title	Phone Number

Please read before signing

This Agency does not discriminate on the basis of race, color, religion, sex, national origin, age, handicap, veteran status, or status within any other protected group. No questions of this application are intended to secure information to be used for such discrimination.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection.

Signature

Date

PLEASE COMPLETE THE FOLLOWING SECTION

1. Have you ever been convicted of a misdemeanor or a felony in any jurisdiction?
 No Yes *(Please explain in the space below)*
2. Do you currently have any pending criminal charges?
 No Yes *(Please explain in the space below)*
3. Have you ever been convicted of a felony or disciplined pursuant to a federal or state health care reimbursement program?
 No Yes *(Please explain in the space below)*
4. Have you been convicted of any moving violations within the past three years and/or any suspensions, revocations, DWI or any occurrence involving harm to persons or property while driving?
 No Yes *(Please explain in the space below)*

Drivers License Number: _____ Expiration Date: _____ State of Issue: _____
Social Security Number: _____

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask them of the Human Resources Manager before signing.

This Agency does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or status within any other protected group. No questions of this application are intended to secure information to be used for such discrimination.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired.

By signing your name below, you understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Agency and you. Should this application result in your employment, you have the right to terminate your employment at any time and for any reason and the Agency retains a similar right. You further understand this entire statement applies to the period prior to or after you may be employed.

By signing your name below, you understand that if hired you will be subject to a criminal background check, and may be subject to fingerprinting, employment physical and/or drug testing and results of such screenings will be a condition of continued employment with our Agency.

*SIGNATURE OF APPLICANT
OR ELECTRONIC SIGNATURE*

DATE