



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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			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	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> 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