

This application will be active for a period of six (6) months



WATCHFUL EYE CARE SERVICES
APPLICATION FOR EMPLOYMENT

An Equal

Opportunity Employer

Positions Applied For: _____

Today's Date _____

Will Accept Employment ___ Full Time ___ Part Time ___ As Needed

Salary Expected: _____

Date Available for Work? _____

Name: _____

Social Security Number: _____

Present Address _____

Phone Number: _____

City _____ State _____ Zip Code _____

Alternate Phone Number _____

Are you 18 or Older? Yes No

Citizen of US? Yes No

If no, do you have a work permit? Yes No

Have you ever been convicted of a crime? Yes No If Yes, Please Explain _____

Please circle highest grade completed 7 8 9 10 11 12 Name of High School _____

College 1 2 3 4 Name of College/Post High School Education _____

Physical Record

Do you need accommodations (covered under the Americans with Disabilities Act) to successfully do the work for which you are applying? Yes No If Yes, Please Explain _____

In case of an emergency notify: Name _____ Telephone: _____

Do you have a valid driver's license? Yes No

Number and Expiration Date: _____

Auto Insurance Carrier _____

Policy No. and Exp. Date _____

Motor Vehicle License No. _____

Exp. Date: _____

Skills / Availability

List towns or counties where you can work (or the amount of time you are willing to travel to reach a client)

How many hours per week do you prefer to work? _____

Are you available for overnight and/weekend work? _____

Please indicate specific times each day you would like to work:

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Saturday _____

Sunday _____

Can we assign you to a client you smokes? Yes No

Can we assign you to a client who has a dog and/or cat? Yes No

How did you hear of the position (newspaper, ad, friend, co-worker, referral name, if applies) _____

Please indicate whether you have assisted with or performed the following tasks for seniors, recuperation patients etc:

Companion	Yes / No	Vacuuming	Yes / No	Laundry	Yes / No
Bathing & Dressing	Yes / No	Dusting	Yes / No	Grocery shopping	Yes / No
Grooming	Yes / No	Cleaning bathroom	Yes / No	Cooking	Yes / No
Incontinence	Yes / No	Clean kitchen	Yes / No	Driving	Yes / No
Transfer assist	Yes / No	Bed Linen Changes	Yes / No	Medication reminder	Yes / No

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List Complete Employment History Beginning With Most Recent Experience, Include U.S. Military

*Name of Employer: _____	Job Title: _____
Address: _____	Phone Number: _____
City: _____ State: _____ Zip Code: _____	Salary: _____
Supervisor's Name and Title: _____	May we contact? _____
Date Started: _____ Date Ended: _____	Reason for leaving: _____

*Name of Employer: _____	Job Title: _____
Address: _____	Phone Number: _____
City: _____ State: _____ Zip Code: _____	Salary: _____
Supervisor's Name and Title: _____	May we contact? _____
Date Started: _____ Date Ended: _____	Reason for leaving: _____

*Name of Employer: _____	Job Title: _____
Address: _____	Phone Number: _____
City: _____ State: _____ Zip Code: _____	Salary: _____
Supervisor's Name and Title: _____	May we contact? _____

Personal References (excluding relatives):

Name: _____
Address: _____
City/State/Zip: _____

Phone: _____
Years Known: _____

Name: _____
Address: _____
City/State/Zip: _____

Phone: _____
Years Known: _____

Non-Discrimination Policy

Watchful Eye Care Services is an equal opportunity employer and will not discriminate on the basis of age, sex, marital status, race, creed, color, religion, national origin or handicap in accordance with Title VI of the Civil Rights Act of 1964 and all other federal guidelines.

Certification of Applicant

I hereby certify that all information given by me in this application or other documents is true in all aspects. I understand that misrepresentation or omission of facts will result in cancellation of my consideration for employment or dismissal if employed. I further certify and agree to abide by and comply with all of the rules and policies of *Watchful Eye Care Services*.

Authorization for Release of Information

I hereby consent to an inspection of records and documents in the possession of former employers that may be material to an evaluation of my employment. I hereby release from any liability all persons, and organizations, institutions and former employers who provide information to *Watchful Eye Care Services* in good faith and without malice, concerning my competence, ethics, character, ability to work with others, and other qualifications for employment, including what may be considered privileged or confidential information.

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Opportunity Employer
Signature

Date

An Equal