



REVEREND AIDE HOMECARE

1177 N Highland Ave Ste 204C Aurora, IL 60506

Phone: 630-300-3181 Fax: 630-299-3836

www.reverendaide.com Email: reverendaide@gmail.com

APPLICATION FOR EMPLOYMENT

Position seeking: _____

Application Date: _____

Personal Information:

Full Legal Name: _____ SS # _____
Last First M.I

Home Address: _____
Number Street City State Zip Code

Phone(Home): (____) _____ Phone(Cell): (____) _____ Gender: _____

Date of Birth ____/____/____ E-Mail Address: _____ Referred by _____

Language(s): _____ Date of start: ____/____/____

Background Information:

Are you legally eligible for employment in this country? YES NO

Have you ever been convicted of a felony? YES NO

Consent for a criminal background check prior to employment YES NO

Consent for a drug test prior to employment YES NO

Do you have a valid Driver's License? YES NO

Employment Desire:

Type of employment desired: Full-time Part-time Available Hours: _____

If part-time, available days Mon Tue Wed Thu Fri Sat Sun Holiday

Have you previously been employed by Reverend aide Homecare? Yes No

If yes, please provide the date of your employment: ____/____/____ and position: _____

Are you employed now? No Yes Employer Name: _____

If yes, may we contact your present employer? Yes No Phone # :(____) _____

Education Completed			
	Name & Location of School	Year of Graduation	Degree/Certification
High School or GED			
College			
HHA or NA Training School, or Any relevant training – correspondence or otherwise.			
Other			

APPLICATIONFOREMPLOYMENTCONT...

Former Employers

(Start with more recent employer; list last four employers)

Dates	Name & Address of Employer	Position	Salary	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Personal References

Please furnish three references with complete address. Do not list former employers or relatives. The individuals you list should have known you for at least one year

Name	Address (Include city, state and zip)	Phone Number	Occupation	Years Known
1.				
2.				
3.				

Emergency Contact Information

Please furnish two contact information in case of emergency.

Name	Address (Include city, state and zip)	Phone Number	Relationship	Years Known
1.				
2.				

Employee Signature

Date

Supervisor Signature

Date

Applicant Authorization

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask prior to signing.

REVEREND AIDE HOMECARE. does not discriminate in hiring or employment on the basis of race, color, religion, age, disability, veteran status, or status within any group protected by federal, state, or local law. No questions on this application are intended to secure information to be used for any such discriminatory purpose. Initial: _____

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

By signing your name below, you authorize investigation of all statements contained herein and the reference and employers listed to give you any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release from any liability for any damage that may result from the utilization of such information. Initial: _____

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 or prosecution. Initial: _____

By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and Reverend Aide Home care Should have this application result in your employment, you have a right to terminate your employment at any time and for any reason and Reverend aide home care retains a similar right. You further understand that no representative of Reverend aide home care other than {Supervisor/Administrative Staff} has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit. You further understand this entire statement applies to the period prior to and after you may be employed.

I hereby acknowledge that I have read, understand, and agree to the above statements.

Signature: _____

Date: ____ / ____ / ____

***** FOR OFFICE USE ONLY *****

REMARKS: _____

Interviewed by: _____

Date: ____ / ____ / ____

APPROVAL: Hiring Date: ____ / ____ / ____ Position: _____

Salary/Rate: \$_____ President / Manager: _____