



Position Applying For: _____

Date Available to Start (if hired): _____

Personal Information

Last Name:	First Name:	MI
Address:		
Telephone Number:		
Email Address:		

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer
What shifts are you available to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> On-Call <input type="checkbox"/> *Nights <i>*Night shifts would depend on the level of care</i>

Employment History

**Begin with the most recent employment*

Company Name:
Company Location:
Dates Employed: FROM - _____ TO- _____
Job Title:
Job Duties:
Reason for Leaving:



Job Application

Supervisor Name & Phone Number:

May we contact this employer? Yes No

Company Name:

Company Location:

Dates Employed: FROM - TO-

Job Title:

Job Duties:

Reason for Leaving:

Supervisor Name & Phone Number:

May we contact this employer? Yes No

Company Name:

Company Location:

Dates Employed: FROM - TO-

Job Title:

Job Duties:

Reason for Leaving:

Supervisor Name & Phone Number:

May we contact this employer? Yes No



Education/Training

Have you obtained a high school diploma or GED certificate? Yes No

School	Name & Location	Diploma/Degree	Subject of Specialization
College/University			
Specialized Courses & Training			

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College/University			
Specialized Courses & Training			

School	Name & Location	Diploma/Degree	Subject of Specialization
College/University			
Specialized Courses & Training			

Certifications & Expiration Date (if applicable)

Please list any additional professional skills.



Referral Source

How did you hear about us? Walk In Advertisement Referral Other: _____

Have you ever worked for this company before? Yes No *If yes, explain: _____

Do you know anyone who works for our company? Yes No *If yes, who?: _____

Acknowledgment

Comeback Care LLC is an equal opportunity employer. Comeback Care LLC does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Comeback Care LLC to hire me. If I am hired, I understand that either Comeback Care LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Comeback Care LLC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Comeback Care LLC true and complete information on this application. No requested information has been concealed. I authorize Comeback Care LLC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant Signature

Date