#### **EMPLOYMENT APPLICATION**



		Applicant In	forma	ition			
Full Name:						Date:	
	Last	First			M.I.		
Address:	Otro at Address a					A = = = = = = = = 1 (1 to	** #
	Street Address					Apartment/Un	ıt#
	City				Stata	ZIP Code	
	City				State	ZIP Code	
Phone:	_	E	mail				
Date Availab	le:	Social Security No.:			Desire	ed Salary: <u>\$</u>	
Position App	lied for:						
How many h	ours can you work?	Can you work nights?	<b>}</b>	F	- -ull-TimePa	art-TimeBoth	_
Days availab	ele to work/Monday	_ TuesdayWednesday	Т	hursday	/Friday	SaturdaySunc	lay
Are you a cit	izen of the United States	YES NO	If no	o, are yo	u authorized to	YE work in the U.S.? ☐	
Have you ev	er worked for this compa	YES NO	If yes,	when?_			
Have you ev	er been convicted of a fe	YES NO hiri	ng felor or to app	ny offend plication	ders whose offe date.	ovided, TNPLH is proh nse occurred less tha	
, , ,		Educa					
High School:							
From:	To:		YES	NO			_
College:		Address:_					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:_					
From:	To:	Did you graduate?	YES	NO	Degree:		
		Previous En	nployr	nent			
Company:					F	Phone:	
Address:					Supe	rvisor:	

Job Title:	Starting	Salary:		Ending Sa	lary: <u>\$</u>
Responsibilities:					
From:	To:	Reason f	or Leaving:_		
May we contact your pre	vious supervisor for a reference?	YES	NO		
A alaba a a .					
	Starting	Salary: <b>\$</b>	_		lary:\$
From:					
May we contact your pre	vious supervisor for a reference?	YES	NO		
Address					
	Starting	Salary: <b>\$</b>	_		lary: <b>\$</b>
					· -
From:	_				
May we contact your pre-	vious supervisor for a reference?	YES	NO		
	Militar	y Service			
Branch:			From:_		To:
Rank at Discharge:		_ Type of	f Discharge:_		
If other than honorable, e	explain:				
	Disclaimer	and Signat	ure		
I certify that my answers	s are true and complete to the best	of my knowle	dge.		
If this application leads may result in my release	to employment, I understand that fa e.	lse or mislea	ding informa	tion in my app	lication or interview
regard to race, color, re	ployment opportunity employer. We ligion, sex, sexual orientation, nation ployment with this company depend	nal origin, citi	zenship, age	or disability. \	
Signature:				Date:	



#### PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

There's No Place Like Home needs to complete a background check on me regarding:  1. Criminal record; 2. Sex and Violent Offenders Record; 3. Employment Verification; 4. Education Verification; 5. License Verification; 6. Medical Suitability 7. Personal/Professional Reference Verification; 8. Medical Suitability 9. Drugs/Alcohol 5. License Verification; 9. Drugs/Alcohol 6. Motor Vehicle Records; 7. Personal/Professional Reference Verification; 8. Medical Suitability 9. Drugs/Alcohol 7. License Verification; 9. Drugs/Alcohol 8. I authorize all federal and state agencies, persons and organizations that may have information relevant to this resea to disclose such information to There's No Place Like Home or its authorized agent(s). 9. I understand that this authorization is to be part of the written and signed employment application. 9. I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further. 9. I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional right under relevant State law. 9. I further authorize that a photocopy of this authorization may be considered as valid as the original. 9. I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understate that employment with There's No Place Like Home is contingent upon successful completion of a background check.  8. Signature Date  Full Name	l,					inderstand that as part of the	e employment process,
2. Sex and Violent Offenders Record; 3. Employment Verification; 4. Education Verification; 5. License Verification; 5. License Verification; 6. Lauthorize all federal and state agencies, persons and organizations that may have information relevant to this resear to disclose such information to There's No Place Like Home or its authorized agent(s).  I understand that this authorization is to be part of the written and signed employment application.  I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.  I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional right under relevant State law.  I further authorize that a photocopy of this authorization may be considered as valid as the original.  I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understate that employment with There's No Place Like Home is contingent upon successful completion of a background check.  Signature  Date  Full Name  Telephone No.  Telephone No.  Signature  Date  Telephone No.  Social Security Number:  Current Address  Date of Birth  Social Security Number:  Current Driver's License:  State:  List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)	There's	s No Place Like <i>Home</i> needs	to complete a l	packground check	on r	ne regarding:	
to disclose such information to There's No Place Like Home or its authorized agent(s).  I understand that this authorization is to be part of the written and signed employment application.  I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.  I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional riunder relevant State law.  I further authorize that a photocopy of this authorization may be considered as valid as the original.  I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understate that employment with There's No Place Like Home is contingent upon successful completion of a background check.  Signature  Date  Full Name  Telephone No.  Telephone No.  Current Address  Date of Birth  Social Security Number:  Current Driver's License:  State:  List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)	2. 3. 4.	Sex and Violent Offenders Employment Verification; Education Verification;	Record;		7. 8.	Personal/Professional Reformedical Suitability	erence Verification;
Full NameTelephone No  Former Name(s) and Date(s) used:  Current Address  Date of Birth Social Security Number:  Current Driver's License: State:  List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)	to control	disclose such information to nderstand that this authoriza so understand that I do not he ployment application will not nderstand that I have specificate relevant State law. In ther authorize that a photocon preby certify that all statements.	There's No Plaction is to be part nave to give autinave to give autinave to give autinave de processed for rights under the copy of this authors on this form	ce Like Home or its tof the written and horization for a backurther. The federal Fair Crecordation may be coare true and correct are true and correct.	aut sigr kgr lit R onsi	horized agent(s). ned employment application ound check but if I don't give eporting Act (FCRA) and mandered as valid as the original the best of my knowledge a	i. e permission, my ay have additional rights al. and belief. I understand
Former Name(s) and Date(s) used:  Current Address  Date of Birth Social Security Number:  Current Driver's License: State:  List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)		Signature				Date	
Current Address  Date of Birth  Social Security Number:  Current Driver's License:  State:  List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)	Full Na	me		Tel	eph	one No	
Date of Birth Social Security Number:  Current Driver's License: State:  List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)	Former	Name(s) and Date(s) used:					_
Current Driver's License: State:  List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)	Current	t Address					
List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)	Date of	Birth		Social Security N	lum	ber:	
	Current	t Driver's License:		State:			
	List any						агу.)



Signature

## **Five Year Work History**

Date

We are required to obtain at least a Five Year Work History on all of our employees. Please lis	t below any previous
employment held within the past five years in addition to what you already listed on the Employ	yment Application.

Name and Address of Previous Employee	Employee Dates ( Month/ Year)	Reason for Leaving



## **Telephone Reference Check Form**

		App	olicant Info	rmatior	1			
Applicant Name:							Date:	
Apprount Nume.	Last	F	irst			М.І.		
Position Applied for:								
Recruiter Name:								
Troorano Tramor								
		Co	ntoot lafo	em ati a n				
		Co	ntact Info	mation				
Name of Contact:								
Title:					Phone	:		
Company:								
Address:								
•	Street Address						Suite #	
•	City				State		ZIP Code	
	There's No Place Like Home of infi ies, government agencies, court an							
Applicant Signature					Da	ite		
		Ref	erence Co	mments	5			
				YES	NO			
Was the applicant an em	ployee of your company?			Ш				
When?	tart Date:	End	Date:		Pay	Rate:\$	hourly/ biweekly	
What was the applicant's	s position on the last day of employ	ment	?					
What were the applicant								
Please check boxes that best d	lescribe applicant's performance		Excellent	Good	Satisfactory	Unsatisfactory	Unable to evaluate	
Quality of work								
Attendance Record  Dependability								
Working relationship with othe	r employee's							
Working relationship with Clier								
Skills related to job								
Would you rehire this ap	oplicant?	<b>Y</b> [	ES	[	NO			

Is there anything else you would like to add?



# **Telephone Reference Check Form**

Name of Contact:  Title:			Contact	Information				
Title: Phone:  Company:  Address: Street Address Suite #  City State ZIP Code  Reference #2 Comments  YES NO  Was the applicant an employee of your company?								
Title: Phone:  Company:  Address: Street Address Suite #  City State ZIP Code  Reference #2 Comments  YES NO  Was the applicant an employee of your company? Pay Rate:\$hourly/ biweekly  When? Start Date: Pay Rate:\$hourly/ biweekly  What was the applicant's position on the last day of employment?  What were the applicant's job responsibilities?  Please check boxes that best describe applicant's performance Excellent Good Satisfactory Unsatisfactory Unable to evaluate  Quality of work  Attendance Record Dependability  Working relationship with Other employee's  Working relationship with Other Employee's	Name of Contact							
Company:  Address:  Street Address  Suite #  City  State  ZIP Code  Reference #2 Comments  YES NO  Was the applicant an employee of your company?  When? Start Date: End Date: Pay Rate:\$ hourly! biweekly  What was the applicant's position on the last day of employment?  What were the applicant's job responsibilities?  Please check boxes that best describe applicant's performance Excellent Good Satisfactory Unsatisfactory Unable to evaluate  Quality of work  Attendance Record Dependability  Working relationship with other employee's  Working relationship with Client  Skills related to job	Name of Contact:							
Address:    Street Address   Suite #	Title: _				Phone	e:		
Street Address   Suite #	Company:							
Street Address   Suite #	Address:							
Reference #2 Comments  YES NO Was the applicant an employee of your company?	<u>-</u>	Street Address					Suite #	
Reference #2 Comments  YES NO Was the applicant an employee of your company?								
When? Start Date: bourly/ biweekly  What was the applicant's position on the last day of employment?  What were the applicant's job responsibilities?  Please check boxes that best describe applicant's performance	-	City			State		ZIP Code	
When? Start Date: hourly/ biweekly  What was the applicant's position on the last day of employment?  What were the applicant's job responsibilities?  Please check boxes that best describe applicant's performance								
When? Start Date: hourly/ biweekly  What was the applicant's position on the last day of employment?  What were the applicant's job responsibilities?  Please check boxes that best describe applicant's performance								
When? Start Date: hourly/ biweekly  What was the applicant's position on the last day of employment?  What were the applicant's job responsibilities?  Please check boxes that best describe applicant's performance			D.C	<b>#0.0</b>	. ( -			
When? Start Date: End Date: Pay Rate:\$ hourly/ biweekly  What was the applicant's position on the last day of employment?  What were the applicant's job responsibilities?  Please check boxes that best describe applicant's performance			Reference					
When? Start Date:	Was the applicant on am	nlaves of vour sommany?		YES	NO			
What was the applicant's position on the last day of employment?  What were the applicant's job responsibilities?  Please check boxes that best describe applicant's performance  Quality of work  Attendance Record  Dependability  Working relationship with other employee's  Working relationship with Client  Skills related to job  YES  NO								
What were the applicant's job responsibilities?  Please check boxes that best describe applicant's performance  Quality of work  Attendance Record  Dependability  Working relationship with other employee's  Working relationship with Client  Skills related to job  YES  NO	When? St	art Date:	End Date:		Pa	y Rate:\$	hourly/ biweekly	
Please check boxes that best describe applicant's performance  Excellent  Good  Satisfactory  Unsatisfactory  Unable to evaluate  Attendance Record  Dependability  Working relationship with other employee's  Working relationship with Client  Skills related to job  YES  NO	What was the applicant's	position on the last day of en	nployment?	_				
Quality of work  Attendance Record  Dependability  Working relationship with other employee's  Working relationship with Client  Skills related to job  YES  NO	What were the applicant'	s job responsibilities?						
Quality of work  Attendance Record  Dependability  Working relationship with other employee's  Working relationship with Client  Skills related to job  YES  NO			<u> </u>		T			Ī
Attendance Record  Dependability  Working relationship with other employee's  Working relationship with Client  Skills related to job  YES  NO	Please check boxes that best d	escribe applicant's performance	Excelle	ent Good	Satisfactory	Unsatisfactory	Unable to evaluate	
Attendance Record  Dependability  Working relationship with other employee's  Working relationship with Client  Skills related to job  YES  NO	Quality of work							
Working relationship with other employee's  Working relationship with Client  Skills related to job  YES  NO								
Working relationship with Client  Skills related to job  YES  NO								
Skills related to job  YES  NO								
YES NO								
	Okino Folacoa to Job		YFS		NO			
would you renire this applicant?	Would you rehire this ap	plicant?						
Is there anything else you would like to add?	ls there anything else yo	u would like to add?						



### **Telephone Reference Check Form**

		Contact Info	ormation	1			
Name of Contact:							
Title:				Phone	e:		
Company:							
Address:	Street Address					Suite #	
	ou cot Address					ounc #	
	City			State		ZIP Code	
		D (     0	•				
		Reference #3					
Was the applicant a	an employee of your company?		YES	NO			
When?	Start Date:	End Date:		Pa	y Rate:\$	hourly/ biweekly	
What was the appli	cant's position on the last day of em	plovment?					
	icant's job responsibilities?	, <b>,</b>	_				
			1				1
Please check boxes that	t best describe applicant's performance	Excellent	Good	Satisfactory	Unsatisfactory	Unable to evaluate	
Quality of work							
Attendance Record							
Dependability							
Working relationship wi							
Working relationship wi	th Client						
Skills related to job		YES		NO			
Would you rehire th	nis applicant?						
Is there anything el	se you would like to add?						
							_