



LONE STAR LOVE AND CARE, INC.

Application for Employment

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical conditions or handicap. Some of the questions herein may be considered or may later be deemed discriminatory in nature; however, they are designed for us to better place you within the organization. If you feel that any of the questions are discriminatory, please do not answer them.

Name		Date	DOB
Street Address		City	State & Zip Code
Marital Status: Single <input type="radio"/> Married <input type="radio"/> Engaged <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widow <input type="radio"/>		Children	Citizen Yes <input type="radio"/> No <input type="radio"/>
Children's ages		Date of Married	Place
Phone #	SS	DL #	
Emergency Contact			
Name		Phone	
Address		Relationship	
I am applying for a position as:			
Have you ever been convicted of a felony? Yes <input type="radio"/> No <input type="radio"/>			
If yes, please provide details			
Transportation Many caregiver positions require the caregiver to transport a client.			
Do you have dependable transportation? Yes <input type="radio"/> No <input type="radio"/>		Make and model car	
License Plate #	Auto Insurance Policy #	Insurance Company	
Insurance Agent Name	Insurance Agent Phone #		
Military Services			
Have you ever been in the armed forces? Yes <input type="radio"/> No <input type="radio"/>		If yes, what branch?	
Period of service: From _____ to _____		Highest grade held	
Grade at time of separation		Type of discharge	
Availability			
Number of hours you would like to work:	Times available to work	Any times not available to work	Can you be called at the last minute in case of emergency? Yes <input type="radio"/> No <input type="radio"/>
Comments			

Physical History		
Do you have any physical impairment?	If yes, describe	
Are you under a physician's care?	If yes, for what?	
When did you last see a physician?	For what?	
Last time you were hospitalized:	For what?	
Have you ever received compensation for injuries?	If yes, describe	
Have you ever been turned down for medical/life insurance?	For bonding company?	
Do you have any impairment of the use of either of your feet, legs, arms, or the fingers on either hand?		
Do you have diabetes?	Do you have heart trouble or heart disease?	
Have you ever had any unexplained lost of consciousness?	Have you ever had high blood pressure?	
Have you ever have any chronic disease of the lungs such as asthma or emphysema?		
Do you have poor vision, or the loss of sight of either eye?	Are you color blind?	
Do you have deafness or any type of hearing loss?		
Have you taken or are you taking any type of habit-forming drugs not prescribed by a physician?		
Are you currently of have you ever been treated for alcoholism?	Have you ever had a hernia?	
List any surgical operations you have had		
Do you have any reason to believe that you are not in good health at this time?		
Do you have any back trouble or has a physician even treated you for your back?		
Do you know of any reason, if hired, why you should leave this job within the first year?		
Security		
Have you ever been convicted of a crime other than traffic?	If yes, describe:	
When it happens?		
Are you presently wanted by any law enforcement agency?		
How many traffic tickets or accidents have you had in the past three years?		
Date	Location	Type (describe)
Education		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/Certificates		
Special skills or courses		
Experience		
Discuss any training or experience working with the elderly or with people under 21 with special needs.		
What would you like most about working with mature adults or people under 21 with special needs?		
What would you like least about working with them?		

Employment History

Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required.

May we contact your current employer?

Yes No

Company	From	To
Job title	Reason left	
Duties	Salary	
Supervisor	Phone #	
Company	From	To
Job title	Reason left	
Duties	Salary	
Supervisor	Phone #	
Company	From	To
Job title	Reason left	
Duties	Salary	
Supervisor	Phone #	
Company	From	To
Job title	Reason left	
Duties	Salary	
Supervisor	Phone #	

Business References

Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #

Personal References			
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I further agree to a 90 day probationary period and that during this time may be released without cause. Should any shortage of money, merchandise, equipment or product develop during my employment, I will submit to an investigation by company security. I understand that such investigation is routine matters to develop the facts, and that a person under investigation is not being accused or suspected of any crime by the Company. I further understand and agree that if I refuse to submit to said investigation I could be considered as my voluntary resignation, and that if I have knowingly given any wrong information on this application it will be cause for rejection or termination.

Signature	Date
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For Office Use Only - Interviewer Comments

