

A Division of Navaluna Corporation
Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Date Of Birth		Marital Status			
Emergency Contact		Phone	Relationship		
Position Applied for					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

AVAILABILITY

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Are you interested in (check all that apply)
								<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
								Who referred you to us?

EMPLOYMENT APPLICATION PREVIOUS EMPLOYMENT

Company				Phone ()			
Address				Supervisor			
Job Title			Starting Salary \$		Ending Salary \$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Company				Phone ()			
Address				Supervisor			
Job Title			Starting Salary \$		Ending Salary \$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Company				Phone ()			
Address				Supervisor			
Job Title			Starting Salary \$		Ending Salary \$		
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							

MILITARY SERVICE

Branch		From		To	
Rank at Discharge			Type of Discharge		
If other than honorable, explain					

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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Additional Information

Required Current Certifications to work in Adult Family Homes (Please circle yes or no for the following items)

<u>First Aid card</u>	<u>YES</u>	<u>NO</u>
<u>CPR card</u>	<u>YES</u>	<u>NO</u>
<u>HIV Card or certificate</u>	<u>YES</u>	<u>NO</u>
<u>NAR or NAC</u>	<u>YES</u>	<u>NO</u>
<u>Nurse Delegation</u>	<u>YES</u>	<u>NO</u>
<u>Fundamentals of Care giving</u>	<u>YES</u>	<u>NO</u>
<u>Food Handlers card</u>	<u>YES</u>	<u>NO</u>
<u>Dementia Training</u>	<u>YES</u>	<u>NO</u>
<u>Mental Health Training</u>	<u>YES</u>	<u>NO</u>
<u>TB skin testing</u>	<u>YES</u>	<u>NO</u>

Signature _____ Date _____

By signing you agree the above information is true to the best of your knowledge.