

Employment Application

Care for You, Inc. ®

817 Silver Spring Avenue, Suite 400

Silver Spring, Maryland 20910

Ph. 301-650-4169

703-839-2545

Fax 301-650-5753

Date: _____

PLEASE ANSWER ALL QUESTIONS COMPLETELY

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For: Companion

Last Name		First Name		Middle Name	
Address		City		State	Zip Code
Telephone Number(s) (Home, Cell, Other)		Email			

If under 18 years old, can you provide proof of your eligibility to work? Yes No

Are you currently employed? Yes No

May we contact your employer? Yes No

On what date would you be available to start work? _____

Are you available to work: Part Time Nights Weekends Live-in Temporary

List days of the week and hours you can work – the earliest and the latest on each day. (ex. Mon. Tues Fri 10a-2p; Wed 8a-8p)

Can you work with a client who has a **dog** (yes___ no___) a **cat** (yes___ no___) **Smokes** (yes___ no___) ?

Are you currently on "lay-off" status and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Have you been charged or convicted of a misdemeanor or felony in the last seven years? Yes No

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain _____

EDUCATION	Name and Address of School (city, state, country)	Course of Study	Years Completed	Degree/Diploma
High School				
Undergraduate College				
Graduate Professional				
Military Service				
Other(Specify)				

Indicate any foreign languages (languages other than English) you can speak, read, or write - and your fluency:

What is your native country? _____ When did you come to the U.S.? _____

Have you ever lived or traveled in a country other than the U.S.? Yes No

if yes, where, when and how long? _____

Describe any specialized training, sales and other skills, and extra-curricular activities. _____

What are your interests? (What do **YOU** like to do when you are not working?) _____

Please rate yourself from **ONE TO FIVE (1=LOW - 5=HIGH)** on the following activities.

- | | | |
|----------------|-----------------|---------------------|
| Cleaning _____ | Filing _____ | CPR/First Aid _____ |
| Cooking _____ | Reading _____ | Bill Paying _____ |
| Laundry _____ | Typing _____ | Yard Work _____ |
| | Computing _____ | Handyman _____ |

Are you a licensed driver? Yes No

Do you have a car Yes No

If so, what **make and model** (ex. Toyota Camry) and **year**? _____

Could you run errands for customers? Yes No

Will you drive in **Montgomery County** (yes ___ no ___) **Prince Georges County** (yes ___ no ___) **N. Virginia** (yes ___ no ___) **District of Columbia** (yes ___ no ___)

Will you drive clients for longer distances (example: to Baltimore, Dulles Airport)? _____

Do you have any health issues that we should consider when placing you with a client? (example: climbing stairs) _____

If yes, explain: _____

Employment Experience - Start with your present or most recent job; Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Numbers(s)			
Job Title	Hourly Rate		
Supervisor	Starting	Final	
Reason for Leaving			

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Job Title	Hourly Rate		
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If you need additional space, please continue on a separate sheet of paper.

FOR HUMAN RESOURCES USE ONLY

Arrange Interview: Yes No

Interview Date: _____

Recommend for Employment: Yes No

Notes:

Interviewer Signature: _____

Date: _____