SECTION 2 — EMPLOYMENT APPLICATION

Equal Opportunity Employment Application

Full Legal Name	_____
Preferred Name	_____
Address	_____
City / State / ZIP	_____
Phone	_____ Email: _____
Position Applied For	_____
Date Available	_____ Desired Schedule: _____

Availability

☐ Full-time

☐ Part-time

☐ PRN / On-call

☐ Days

☐ Evenings

☐ Nights

☐ Weekends

Employment Eligibility

☐ Are you legally authorized to work in the United States? ☐ Yes ☐ No

☐ Will you now or in the future require employment sponsorship? ☐ Yes ☐ No

☐ Are you at least 18 years of age? ☐ Yes ☐ No

Do not provide information about protected characteristics, medical conditions, disability, religion, family status, or other information not lawfully relevant to employment.

Education / Training

School / Program	City/State	Credential / Course	Completed

EMPLOYMENT APPLICATION — EXPERIENCE

Employment History

Employer 1

Employer / Agency	_____
Address / Phone	_____
Position / Duties	_____
Dates Employed	From _____ To _____
Supervisor	_____
Reason for Leaving	_____
May we contact?	☐ Yes ☐ No

Employer 2

Employer / Agency	_____
Address / Phone	_____
Position / Duties	_____
Dates Employed	From _____ To _____
Supervisor	_____

Reason for Leaving	_____
May we contact?	☐ Yes ☐ No

Employer 3

Employer / Agency	_____
Address / Phone	_____
Position / Duties	_____
Dates Employed	From _____ To _____
Supervisor	_____
Reason for Leaving	_____
May we contact?	☐ Yes ☐ No

Caregiving Skills / Experience

☐ Personal care / bathing / grooming

☐ Transfers / ambulation

☐ Meal preparation / feeding

☐ Toileting / incontinence care

☐ Dementia / memory care

☐ Medication reminders / self-administered medication assistance

☐ Documentation / visit notes

☐ EVV / mobile timekeeping

EMPLOYMENT APPLICATION — APPLICANT CERTIFICATION

Professional References

Reference 1	Name _____ Relationship _____ Phone _____
Reference 2	Name _____ Relationship _____ Phone _____

Applicant Certification and Authorization

I certify that the information I have provided in this application and related hiring documents is true, complete, and accurate to the best of my knowledge. I understand that material falsification, omission, or misrepresentation may disqualify me from employment or may result in disciplinary action, up to and including termination, if discovered after hire.

I authorize Superior Care Home Care to verify employment, education, professional credentials, references, and other job-related information as permitted by law. I understand that any criminal-history, child-abuse, or other legally regulated background screening will be conducted in accordance with applicable law and required notices/authorizations.

I understand that completion of this application does not create a contract of employment or guarantee assignment to a consumer.

_____ _____

Applicant Signature Date

Agency Received By	_____ Date: _____