



We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including age, race, sex, religion, disability, or national origin.

<b><u>EMPLOYMENT APPLICATION FORM</u></b>	
<b>Personal Information</b>	
<b>Name</b>	First _____ 2 <sup>nd</sup> Initial _____ Last: _____
<b>Address</b>	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
<b>Phone</b>	Home: _____ Cell: _____ Other: _____
<b>Electronic</b>	Email Address: _____
<b>Date of Birth</b>	Day: _____ Month: _____ Year: _____
<b>SSN</b>	Social Security Number: _____
<b>Gender</b>	Male: _____ Female: _____
<b>Language</b>	What languages do you speak? _____ _____
<b>Emergency Contact</b>	Name & Phone Number of Person to contact in the event of an emergency: Local: _____



	Out-of-Area: _____
<b>Education</b>	
<b>Formal</b>	Diploma: _____ Certificate: _____ Expiration Date _____ Degree: _____ License: _____ Expiration Date _____ Other: _____
<b>Informal</b>	Do you have current First Aid Certification (State Level): _____ Expiry Date: _____ Do you have current CPR? _____ Expiry Date: _____ Have you taken a Food Safety course? _____ Other: _____ <div style="text-align: center;">(Specify)</div> Other: _____ <div style="text-align: center;">(Specify)</div>
<b>Restrictions</b>	
<b>Work Limitations</b>	List any work limitations that you may have and briefly describe: Hearing:    ___ Yes    ___ No _____ Speech:    ___ Yes    ___ No _____ Lifting:    ___ Yes    ___ No _____ Health:    ___ Yes    ___ No _____ Physical: ___ Yes    ___ No _____ Emotional: ___ Yes    ___ No _____ Other:     ___ Yes    ___ No _____
<b>Availability for Work</b>	
	_____ Full-time    _____ Part-time    _____ Short-notice    _____ Split Shift  Indicate Days and List Hours Available for Work:



<b>Hours &amp; Days Available for Work</b>	___ Sunday: From: _____ To: _____
	___ Monday: From: _____ To: _____
	___ Tuesday: From: _____ To: _____
	___ Wednesday: From: _____ To: _____
	___ Thursday: From: _____ To: _____
	___ Friday: From: _____ To: _____
	___ Saturday: From: _____ To: _____
	What is the minimum number of hours you will work in one day? _____ What is the maximum number of hours you will work in one day? _____
<b>Transportation</b>	
<b>Type</b>	___ Private Vehicle ___ Bus ___ Bike ___ Other: _____ <i>(Specify)</i>
<b>Driver's License</b>	Do you have a valid Driver's License? _____
<b>Transporting Clients</b>	Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____
<b>Abuse Investigation</b>	
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: ___ Yes ___ No _____ _____



<b>Reference Information</b>	
<b>Work Related #1  (Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____. Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Work Related #2  (2<sup>nd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____. Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Work Related #3  (3<sup>rd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____. Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Professional Reference  #1</b>	Name _____ Address: _____ Telephone No. & Email Address: _____:



	Relationship: _____
<b>Professional Reference #2</b>	Name _____ Address: _____ Telephone No. & Email Address: _____: Relationship: _____
<b>Professional Reference #3</b>	Name _____ Address: _____ Telephone No. & Email Address: _____: Relationship: _____

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to **Callaway Companions LLC** and I hereby release and discharge any of the above and **Callaway Companions LLC** from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test, if part of the Agency's pre-employment policy.

I understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date