BEE CARED4, LLC APPLICATION for EMPLOYMENT

POSITION APPLIED FOR:										
PERSONAL DA						1		T		
NAME LAS	ST FIR	ST	М			DATE		HOME F	PHONE	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)					CELL P	CELL PHONE #:				
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	HONE CALL /					EMAIL	EWAIL			
MALE / DAT	TE OF BIRTH					FAX NU	FAX NUMBER			
VEHICLE (YEAR, MAKE) DRIVER'S LICENSE # AND STAT				TATE ISSUED	ISSUED SOCIAL SECURITY NUMBER					
EMERGENCY CONTACT EMERGE			IERGENC	CY CONTACT ADDRESS, PHONE RELATIONSH			RELATIONSHIP			
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DATE AVAILABLE TO START IDEAL			IDEAL N	NUMBER OF HOURS PER WEEK				Are you available for overnight shifts?		
			HOUR	S AVAILAE	SLE TO	WORK				
SUNDAY	MONDAY	TUESE	DAY	WEDNES	DAY	THURSDAY	F	RIDAY	SATURDAY	
EDUCATION										
	S SCHOOLS, CO									
NAME OF	SCHOOL	L	OCATION	<u> </u>		SUBJECT	⊢ D	EGREE	YEARS	
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REFERENCES	- 3 REQUIRED			
NAME	RELATIONSHIP	TELEPHONE NUMBER	EMAIL ADDRESS	YEARS
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LICENSES AND CERTIFICATIONS	
NAME	EXPIRATION
NAME	EXPIRATION
NAME	EXPIRATION

EMPLOYMENT HISTORY – 5 YEARS					
PRESENT/LAST EMPLOYER	TELEPHON	NE NUMBER	SUPERVISOR'S NAME		
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ADDITIONAL EMPLOYMENT NOTES:

EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS			
DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION			

HAVE YOU HAD A TB SCREENING IN THE PAST YEAR?	YES / NO	TESTED POSITIVE / NEGATIVE
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES / NO	IF YES, PLEASE EXPLAIN THE CRIME AND DATE CONVICTED?
DO YOU HAVE A CLEAN DRIVING RECORD?	YES / NO	IF NO, PLEASE EXPLAIN?

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the Company has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

	/
SIGNATURE	DATE

Please email this form to: tricia@beecared4.com

Alternatively you can fax the form to: (404)602-9530