

BEE CARED4, LLC

APPLICATION for EMPLOYMENT

POSITION APPLIED FOR: _____

| PERSONAL DATA | | | | | | |
|--|---------------|-------------------------------------|---|-----------------------------|--------------|--|
| NAME | LAST | FIRST | M | DATE | HOME PHONE | |
| PRESENT ADDRESS (STREET, CITY, STATE, ZIP) | | | | CELL PHONE #: | | |
| PREFERRED METHOD OF CONTACT - CIRCLE ONE: PHONE CALL / EMAIL / TEXT MESSAGE | | | | CAN RECEIVE TEXTS? YES / NO | | |
| MALE / FEMALE | DATE OF BIRTH | | | EMAIL | | |
| VEHICLE (YEAR, MAKE) | | DRIVER'S LICENSE # AND STATE ISSUED | | FAX NUMBER | | |
| EMERGENCY CONTACT | | EMERGENCY CONTACT ADDRESS, PHONE | | | RELATIONSHIP | |

ALLERGIES: _____

| PLACEMENT INFORMATION | | | | | | |
|-------------------------|--------|---------|--------------------------------|----------|---|----------|
| DATE AVAILABLE TO START | | | IDEAL NUMBER OF HOURS PER WEEK | | Are you available for overnight shifts? | |
| HOURS AVAILABLE TO WORK | | | | | | |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | |

| EDUCATION | | | | |
|--|----------|---------|--------|-------|
| LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES | | | | |
| NAME OF SCHOOL | LOCATION | SUBJECT | DEGREE | YEARS |
| | | | | |
| | | | | |
| | | | | |

| REFERENCES - 3 REQUIRED | | | | |
|-------------------------|--------------|------------------|---------------|-------|
| NAME | RELATIONSHIP | TELEPHONE NUMBER | EMAIL ADDRESS | YEARS |
| NAME | RELATIONSHIP | TELEPHONE NUMBER | EMAIL ADDRESS | YEARS |
| NAME | RELATIONSHIP | TELEPHONE NUMBER | EMAIL ADDRESS | YEARS |

| LICENSES AND CERTIFICATIONS | |
|-----------------------------|------------|
| NAME | EXPIRATION |
| NAME | EXPIRATION |
| NAME | EXPIRATION |

| EMPLOYMENT HISTORY – 5 YEARS | | |
|------------------------------|---------------------------|---|
| PRESENT/LAST EMPLOYER | TELEPHONE NUMBER () | SUPERVISOR'S NAME MAY WE CONTACT? |
| ADDRESS | POSITION TITLE | CURRENT OR END SALARY/WAGE |
| SUMMARY OF DUTIES | | DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR |
| STARTING PAY RATE AND TITLE | ENDING PAY RATE AND TITLE | |
| REASON FOR LEAVING | | |

| | | |
|-----------------------------|---------------------------|---|
| NEXT PREVIOUS EMPLOYER | TELEPHONE NUMBER | SUPERVISOR'S NAME |
| ADDRESS | POSITION TITLE | MAY WE CONTACT? CURRENT OR END SALARY/WAGE |
| SUMMARY OF DUTIES | | DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR |
| STARTING PAY RATE AND TITLE | ENDING PAY RATE AND TITLE | |
| REASON FOR LEAVING | | |

| | | |
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| STARTING PAY RATE AND TITLE | ENDING PAY RATE AND TITLE | |
| REASON FOR LEAVING | | |

| | | |
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| SUMMARY OF DUTIES | | DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR |
| STARTING PAY RATE AND TITLE | ENDING PAY RATE AND TITLE | |
| REASON FOR LEAVING | | |

| | | |
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| NEXT PREVIOUS EMPLOYER | TELEPHONE NUMBER () | SUPERVISOR'S NAME MAY WE CONTACT? |
| ADDRESS | POSITION TITLE | CURRENT OR END SALARY/WAGE |
| SUMMARY OF DUTIES | | DATES EMPLOYED ___/___ TO ___/___ MO YR MO YR |
| STARTING PAY RATE AND TITLE | ENDING PAY RATE AND TITLE | |
| REASON FOR LEAVING | | |

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@becared4.com

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