



Simplified Living @ Home

408 Park Place
Grand Island, NY 14072
Voice 716.404.2885
Fax 716.404.2526

<input type="checkbox"/> Intvw	<input type="checkbox"/> Acct
<input type="checkbox"/> Bg Check	<input type="checkbox"/> I-9
<input type="checkbox"/> Uniform	<input type="checkbox"/> Badge
<input type="checkbox"/> Handbook	<input type="checkbox"/> W-4
Office use only	

Employment Application

Date: _____

Name: _____
Last First Middle Other Names Used

Physical Address: _____
Street City State Zip

Mailing Address: _____
(If different) Street City State Zip

Home Phone: _____ Cell/Alternate: ____ - _____ Birth Date _____

Social Security Number: ____ - ____ - ____ Email: _____

Emergency Contact (name, relationship, phone): _____

Are you currently authorized to work in the US? (Proof must be provided): _____

Position(s) Applied For: _____ Wage Desired: _____

How did you learn about us? _____ Date Available _____

Have you ever been employed, or submitted an application here before: Yes No Date: _____

Do you have any friends or relatives who work or have worked with us? Who? _____

Do you have regular access to the internet? Yes No Allergies _____

Have you ever been convicted of or plead guilty to a felony, misdemeanor or other offense? Yes No If yes, explain: _____

Do you have a valid Driver's Licensed w/o restrictions? Yes No Driver's License # _____ State Issued: _____

How many accidents or moving violations have you had in the past 3 year: ____ Explain: _____

Do you have a reliable car? Yes No Do you have CNA? Yes No HHA? Yes No PCA? Yes No

Do you have auto insurance? Yes No Do you have current CPR & First Aid Certification? Yes No

Are you willing to provide transport of clients in your personal vehicle? Yes No

Type of employment desired: Full-time Part-Time

Hours available to work: Please list the earliest time you are available to work and the latest time you would be willing to stay at work. Please also list any days or times that you are available to work.

Sunday: _____	Wednesday: _____	Saturday: _____
Monday: _____	Thursday: _____	Flexible: _____
Tuesday: _____	Friday: _____	Overnights: _____

Education

Circle highest school year completed:	Grammar 1 2 3 4 5 6 7 8								High School 9 10 11 12				College 1 2 3 4			
School Name	Address, City, State				Degree, Diploma or Certificate				Major				Graduate			
High School													Yes/ No			
College/Tech/Vocational													Yes/ No			
Other													Yes/ No			

Employment History: Please list work experience for at least the past 10 years, beginning with most recent first. If you were out of work for any reason, please list why.

Employer (name, address, telephone, fax number)	Dates of Employment:		Starting Pay:
	From:		Ending Pay:
	To:		
Job Title	Last Supervisor		
List all positions held with this employer			
Reason for Leaving:			

Employer (name, address, telephone, fax number)	Dates of Employment:		Starting Pay:
	From:		Ending Pay:
	To:		
Job Title	Last Supervisor		
List all positions held with this employer			
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Employer (name, address, telephone, fax number)	Dates of Employment:		Starting Pay:
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	To:		
Job Title	Last Supervisor		
List all positions held with this employer			
Reason for Leaving:			

Employer (name, address, telephone, fax number)	Dates of Employment:	Starting Pay:
	From:	Ending Pay:
	To:	
Job Title	Last Supervisor	
List all positions held with this employer		
Reason for Leaving:		

References: Three references are required; two must be work-related, and the third may be work-related, from volunteer work, clients, client families, supervisors or teachers.

Name:	Title:	Phone:
Address:	How Known:	Years Known:

Name:	Title:	Phone:
Address:	How Known:	Years Known:

Name:	Title:	Phone:
Address:	How Known:	Years Known:

Skills & Qualifications: Please include any information you feel may be helpful in considering your application.

Please Read This Page Carefully, Initial Each Item and Sign At The Bottom

APPLICATION WAIVER FORM

As an indication that you have read and understand each sentence, please initial next to each paragraph and sign your name at the bottom.

_____ **Equal Employment Opportunity Statement**

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

_____ **Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination.

_____ **Disclosure to Applicants Concerning Drug/Alcohol Testing**

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment and through the tenure of your employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

_____ **Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ **Investigation Authorization**

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background. In the event of any investigation, you will be notified. I understand that a favorable result is required for employment.

_____ **Company Obligation**

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application. I also understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice.

_____ **Client Obligation**

I understand that once I accept an assignment, I will remain on assignment until relief is given and if I walk off the assignment or fail to arrive without giving proper notice, I will be terminated immediately.

_____ **Uniform**

I understand that I am to wear the Simplified Living @ Home uniform at all times while on duty. I understand that Simplified Living @ Home will provide the first shirt and that I am responsible to purchase any subsequent uniform shirts from Simplified Living at a cost of \$12.00 each. In the event that the uniform becomes stained, torn or otherwise permanently marked, I am responsible for the purchase of a replacement as soon as possible.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Applicant Signature

Print Name

Date