



# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

IDENTIFICATION				
Last Name	First Name	Social Security Number	DOB	Email
Address	City	State	Zip Code	Cell Phone

EMPLOYMENT HISTORY						
Employer	Location	Position	Phone	Reason for Leaving	Supervisor	Dates of Employment

EDUCATIONAL BACKGROUND (Optional)		
School	Degree	Year

EMERGENCY CONTACT		
Name	Relationship	Phone Number

### PLEASE READ BEFORE SIGNING:

My signature verifies that the information provided in this application is true and complete. I understand the Agency is an Equal Opportunity Employer. I understand that falsification, including withholding of information on this application is grounds for immediate dismissal if I am selected for a position. I further understand that if I am hired, I can be terminated, with or without cause and with or without notice. I agree to have my picture taken for identification purposes and to submit to drug screening tests upon request. I understand and hereby authorize Evian Care to request and receive from all prior employers within two years of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination. The Agency has the right to run a criminal background check and may pass on the results upon request. I understand that the physical information that the employee must provide to our agency may be released to any facility upon their request.

I give permission     I do not give permission for you to contact my current employer for a reference.

By signing this, I verify that I have read the above, had an opportunity to clarify information about items I did not understand and agree with the above parameters.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



**APPLICANT: PLEASE COMPLETE THIS BOX ONLY**

I, THE APPLICANT, HEREBY REQUEST AND AUTHORIZE THE RELEASE OF ANY INFORMATION ABOUT ME that may be requested by the agency for the purpose of this application for employment from former employers, persons, firms, corporations, educational institutions, law enforcement agencies, and the U.S. Government. I agree to Hold Harmless these persons or organizations, their officers, directors, employees and agents of liability, claims, damages, or demands of any nature arising from or related to the investigation of information contained in my application.

**Applicant Name** \_\_\_\_\_ **Position Held** \_\_\_\_\_

Reference Name/Title \_\_\_\_\_ Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CURRENT OR PREVIOUS EMPLOYER PLEASE COMPLETE:**

Are dates of employment above correct?  Yes  No If **NO**, correct dates are \_\_\_\_\_ to \_\_\_\_\_

Type of Employment \_\_\_\_\_ Is applicant eligible for rehire?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Form completed by:

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_