



15405 SW 116th Ave
 King City, OR 97224
Office: (503) 431-6750
Fax: (503) 431-6969
 www.alwaysathomecare.net

Application for Employment

Date _____ / _____ / _____

Personal Information						
Last Name		First Name		Social Security Number -- --		
Present Address			City	State	Zip	
Mailing Address			City	State	Zip	
Phone Number ()		How did you hear about us?				
Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, explain:				
Do you have a current Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, please list your information below: License # _____ State: _____				
Employment Desired						
Position		Date Available to Start / /			Salary Desired	
Are you currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, when?			
Availability						
Are you willing to work 24-hour live-ins? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many hours per week do you want to work?		How far are you willing to drive?		
What days and hours are you willing to work?						
Start: <u>Monday</u>	Start: <u>Tuesday</u>	Start: <u>Wednesday</u>	Start: <u>Thursday</u>	Start: <u>Friday</u>	Start: <u>Saturday</u>	Start: <u>Sunday</u>
End:	End:	End:	End:	End:	End:	End:
Education History						
High School		Years Attended		Did you graduate?		Subjects Studied
College		Years Attended		Did you graduate?		Subjects Studied
Employment History						
From	Company Name		Address and Phone Number		Salary	Position
To:						
From:	Company Name		Address and Phone Number		Salary	Position
To:						
From:	Company Name		Address and Phone Number		Salary	Position
To:						
From:	Company Name		Address and Phone Number		Salary	Position
To:						

**AUTHORIZATION TO OBTAIN CONSUMER REPORT
PURSUANT TO 15 U.S.C. 51681b(b)(2)(B)**

I authorize Always at HomeCare, Inc. to obtain a consumer report for employment purposes. I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, social security verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process as well as at any time during the course of employment with the company. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

Date: _____

Name of Authorizing Consumer: _____
(Please Print)

Social Security Number: ____ - ____ - ____

Date of Birth ____/____/____

Driver's License (Optional): _____

Signature of Authorizing Consumer: _____

This authorization and disclosure is pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(B).

Note: The FCRA requires that a consumer must authorize in advance the procurement of a consumer report of employment purposes.