

LAST NAME: _____,

FIRST NAME _____

INTL _____ ADDRESS: _____

CITY _____ ST _____ ZIP CODE _____

PHONE: _____

SOCIAL SECURITY # _____ - _____ - _____

PLACE OF BIRTH: _____

LANGUAGES SPOKEN: _____, _____

CURRENTLY EMPLOYED? ___ YES ___ NO (IF YES) ___ FULL TIME ___ PART TIME

OCCUPATION: (please check whichever are applicable)

____ HOME MAKER/COMPANION, _____ CHORE, _____ PERSONAL CARE
ASSITANT, _____ LIVE-IN

DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____ Yes _____ No

If yes, please describe (use back page if necessary)

MILITARY SERVICE: _____

ALLERGIES: _____

CURRENT OR LAST EMPLOYER:

Address: _____

City _____ ST _____ Zip Code _____

Name of Supervisor: _____

Job Title: _____

Dates of Employment From _____ / _____ / _____

To _____ / _____ / _____

PHONE: () _____ - _____

PREVIOUS EMPLOYER:

Address: _____

City _____ ST _____ Zip Code _____

Name of Supervisor: _____

Job Title: _____

Dates of Employment: From _____/_____/_____

To _____/_____/_____

PHONE: () _____ - _____

I _____, authorize my Employer to determine my eligibility for employment based on my ability to pass a required drug screening & a background screening prior to employment. I further authorize my employer to periodically conduct random drug screenings during my employment with this company as requested by my supervisor.

_____ Applicant's Signature

_____/_____/_____ Applicant's Signature Date

NOTICE: STATUS REQUIREMENT

FAX or MAIL: Copy of your Professional LICENSES or CERTIFICATES, CPR, Green Card/ Visa/Work authorization if applicable & Social Security Card to:

Alexander Laborde - Director of Human Resources

- Tel: +1 860-288-8942
- Email: al@ctelderlyservices.com
- FAX: +860-206-2967
- OFFICE: 20 Avon Meadow Ln # 250, Avon, CT 06001