



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ MIDDLE INIT \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

ARE YOU LEGALLY ELEGIBLE TO WORK IN US? YES \_\_\_\_\_ NO \_\_\_\_\_

(IF YES PROOF REQUIRED UPON OFFER OF EMPLOYMENT)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?

YES \_\_\_\_\_ NO \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_

ARE YOU INTERESTED IN: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

HOW DID YOU KNOW ABOUT US? \_\_\_\_\_

DATE AVAILABLE TO STAR (DD/MM/YY) \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FOR ANY EMPLOYMENT/POSITION OR ASKED TO RESIGN?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

DO YOU HAVE A VALID DRIVER LICENSE? (FOR DRIVING RELATED POSITION ONLY)

YES \_\_\_\_\_ NO \_\_\_\_\_

### EMERGENCY CONTACT

NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL INFORMATION**

SCHOOL	NAME	LOCATION OF SCHOOL	GRADUATED? YES OR NOT	TYPE OF DEGREE EARNED	No. OF YEARS ATTENDED
HIGH SCHOOL					
UNDERGRADUATE COLLEGE OR UNIVERSITY					
GRADUATE OR PROFESSIONAL SCHOOL					
TRADE, VOCATIONAL OR OTHER TRAINING					

If you did not graduated from high school, do you have a high school equivalency diploma?

Yes \_\_\_\_\_ No \_\_\_\_\_

**PROFESSIONAL LICENSE/CERTIFICATION**

**Professional/License Certification:** \_\_\_\_\_

Active? Yes \_\_\_\_\_ No \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Have your professional licensure (s) or certification (s), in any State, had any adverse action including, but not limited to, reprimands, sanctions, revocations, denials, probations suspensions, terminations, restrictions, warnings, or voluntary relinquishments?** Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Are you currently or have you ever been excluded or sanctioned from participating in Medicare, Medicaid, or other State or federally funded program?** Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Please list your membership (s) in any professional organization which are directly to field of specialty.**

\_\_\_\_\_

**Describe any other training/skills, including bilingual ability:**

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Please list all prior employment during the past 10 years. Begin with the current or most recent employer and include any military service. If you're a new graduate without professional experience, please list your most recent clinical affiliation. Please complete all sections even if attaching a resume:

<b>EMPLOYER:</b>	FROM:	TO:
ADDRESS:		
PHONE NUMBER:	STARTING WAGES:	ENDING WAGE:
POSITION HELD:		
DID YOU HAVE MANAGEMENT RESPONSABILITIES? YES _____ NO _____		
IF YES, PLEASE EXPLAIN: _____		
REASON FOR LEAVING:		
SUPERVISOR NAME:	CAN WE CONTACT THEM? YES _____ NO _____	

  

<b>EMPLOYER:</b>	FROM:	TO:
ADDRESS:		
PHONE NUMBER:	STARTING WAGES:	ENDING WAGE:
POSITION HELD:		
DID YOU HAVE MANAGEMENT RESPONSABILITIES? YES _____ NO _____		
IF YES, PLEASE EXPLAIN: _____		
REASON FOR LEAVING:		
SUPERVISOR NAME:	CAN WE CONTACT THEM? YES _____ NO _____	

  

<b>EMPLOYER:</b>	FROM:	TO:
ADDRESS:		
PHONE NUMBER:	STARTING WAGES:	ENDING WAGE:
POSITION HELD:		
DID YOU HAVE MANAGEMENT RESPONSABILITIES? YES _____ NO _____		
IF YES, PLEASE EXPLAIN: _____		
REASON FOR LEAVING:		
SUPERVISOR NAME:	CAN WE CONTACT THEM? YES _____ NO _____	

  

<b>EMPLOYER:</b>	FROM:	TO:
ADDRESS:		
PHONE NUMBER:	STARTING WAGES:	ENDING WAGE:
POSITION HELD:		
DID YOU HAVE MANAGEMENT RESPONSABILITIES? YES _____ NO _____		
IF YES, PLEASE EXPLAIN: _____		
REASON FOR LEAVING:		
SUPERVISOR NAME:	CAN WE CONTACT THEM? YES _____ NO _____	

  

<b>EMPLOYER:</b>	FROM:	TO:
ADDRESS:		
PHONE NUMBER:	STARTING WAGES:	ENDING WAGE:
POSITION HELD:		
DID YOU HAVE MANAGEMENT RESPONSABILITIES? YES _____ NO _____		
IF YES, PLEASE EXPLAIN: _____		
REASON FOR LEAVING:		
SUPERVISOR NAME:	CAN WE CONTACT THEM? YES _____ NO _____	

**APPLICATION FOR EMPLOYMENT  
EQUAL EMPLOYMENT OPPORTUNITY**

*The company is an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, gender identity, national origin, age, disability, veteran status or any other status protected under local, State or Federal law.*

**REQUEST FOR REASONABLE ACCOMODATION TO PARTICIPATE IN THE APPLICATION PROCESS.**

*If you require an adjustment or change concerning some aspect the application process, you may request a reasonable accommodation at any time, orally or in writing. To contact a Care and Life Home Health Services representative in writing regarding a request for reasonable accommodation to apply, please email your local office or [Servi@Carenandlife.com](mailto:Servi@Carenandlife.com) To speak with a Care and Life Home Health Services representative in order to request a reasonable accommodation to apply, please call our Employee Relation hotline 863-940-4938.*

**ACKNOWLEDGEMENT**

*I understand that the company abides by an employment at-will policy, which means either the company or the employee may terminate the employment relationship at any time, for any reason or for no reason, with or without notice. Nothing contained in this employment application, any employee handbook or conveyed to me during an interview is intended to create an employment contract, implicit or implied I also understand and agree that any future changes in my title, duties, compensation, working conditions, or company benefits, policies and/or procedures will not alter this at-will agreement. This at-will agreement can only be changed or modification in writing by the President of the Company.*

*I understand consideration for employment with the Company will be contingent upon the results of reference and criminal background checks. I authorize the company to investigate all information I provide in this application for employment, including previous employment, experience and educational credentials. I also give the company permission to contact my former employer (s) all listed references or any other person who can verify the information I provide on this application. I hereby authorize and direct my current and former employers (unless otherwise noted) and other contacted persons to respond to any question pertaining to the information included in this on-line application.*

**CERTIFICATION**

*I Certify that I completed the Company's application by myself that all of the information provided is correct. I understand that any omission, misstatement or inclusion of false information on this on-line application or any documents used to secure employment with the company shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.*

*Under the Employee Polygraph Act of 1988, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment that an individual, unless specifically exempted from this act, submit to take a lie detector or similar test. Any employer who violates this law is guilty of a misdemeanor and subject to a fine.*

*By signing below, you are accepting the terms and condition as set forth in this application, including the certification that everything contained in the application is true and correct to the best of your knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

CARE AND LIFE, LLC  
5304 S. FLORIDA AVE, SUITE 411  
LAKELAND, FLORIDA 33813