

TJ SWIFT HOUSE, INC.

APPLICATION FOR EMPLOYMENT



Full Name: _____ Date: _____
Last First Middle Initial

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ Social Security No.: ____ - ____ - ____ 18 Years or Older: Yes No

Email: _____@_____._____

Position Applied For: _____ Date Available: _____ Desired Wages: _____

Are you legally eligible for employment in the U.S.: Yes No * Verification will be required if selected for employment.

Have you ever worked for TJ Swift House, Inc.: Yes No If yes, when: _____ to _____

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses): Yes No

If Yes, list convictions: _____

(A conviction does not necessarily disqualify an applicant from the position being applied for.)

Are there any obstacles at this time that would hinder you from scheduled work days or prevent you from being a call in: Yes No If yes, explain: _____

Do you currently have any lifting restrictions: Yes No If yes, explain: _____

There are mandatory trainings associated with the job. Would you be willing to take 1st Aide/CPR and Level I Medication Aid training? There is no cost for trainings; however, training certificates will not be given out until you have been with the agency for 3 months and pay a \$50.00 fee for certificates. Please initial _____

REFERENCES - Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

EDUCATION

High School: _____ Address: _____

Dates Attended: From _____ To _____ Did you graduate: Yes No GED

College: _____ Address: _____

Dates Attended: From _____ To _____ Did you graduate: Yes No Degree: _____

Other: _____ Address: _____

Dates Attended: From _____ To _____ Did you graduate: Yes No Degree: _____

PRIOR EMPLOYMENT - *Begin with most recent employer*

Employer:	Phone:	From	To
Address:		City, State, Zip:	
Position:		Duties:	
Reason for leaving:		Final Salary/Wages:	
May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:	

Employer:	Phone:	From	To
Address:		City, State, Zip:	
Position:		Duties:	
Reason for leaving:		Final Salary/Wages:	
May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:	

Employer:	Phone:	From	To
Address:		City, State, Zip:	
Position:		Duties:	
Reason for leaving:		Final Salary/Wages:	
May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:	

MILITARY SERVICE

Branch of Service From To Rank & Duties Discharge Type

DISCLAIMER and SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If selected for employment, I understand that false or misleading information in my application/interview may result in termination.

Signature: _____ **Date:** _____

Referred by: _____