Lighthouse Home Care, LLC

860-447-2990

A Drug Free Company/An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Please Print Clearly

Personal Data

Last Name First Name

Street Address Home Phone

City, State, Zip Cell Phone

SS# Compensation Desired

Position Desired Date Available to Start

Email Address

Do you have a current driver's license? □ Yes □ No License # and State

What are the make, model and year of your car?

Hours Available:

□ Sun hrs □ Mon hrs □ Tues hrs □ Wed hrs

□ Thurs hrs □ Fri hrs □ Sat hrs □ Other

How long are you willing to travel? (Time on the road.)

Educational Data

High School City, State, Zip

Did you graduate? GED □ Yes □ No

College City, State, Zip

Years Completed Major Did you graduate Degree

State other education (technical, business school, courses or specialized training) and/or volunteer work that you believe would be helpful for the position you are applying for:

Certification (CNA, CPR, Paralegal, etc) Cert # Exp Date

List any specialized training that you received that would be appropriate to the position that you are applying for:

General Information

Are you currently employed? □ Yes □ No If yes, where?

General Information – Continued

Are you over 18 years of age? □ Yes □ No
Are you able to submit verification of your legal right to work in the U.S.? □ Yes □ No
(Note: If hired, you must complete the I-9 form required by the US Immigration and Naturalization Service no later than 3 business days after your hire date.)

Have you ever been convicted of a crime involving violence or dishonesty in a State or Federal court in any state? □ Yes □ No If yes please explain: _____

_____

_____

Has your license to practice your profession ever been suspended or revoked? □ Yes □ No □ N/A
If yes please explain: _____

_____

_____

Have you ever been accused, arrested, or found guilty by any government agency of child, patient, resident, or elderly abuse? □ Yes □ No If yes, please explain: _____

_____

_____

Note: Any applicant who makes a false statement regarding conviction of a crime, prior suspension or revocation of a license or certification and/or been accused, arrested or found guilty of child, patient, resident or elderly abuse will be reported to the Dept of Consumer Protection and shall be guilty of a class A misdemeanor.

If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements? □ Yes □ No □ N/A
Are you willing to work overtime and be on call? □ Yes □ No □ N/A
Have you ever applied for a position with us? □ Yes □ No If yes, where? When?
Have you ever been employed by this company or an affiliate? □ Yes □ No If yes, where? When?

_____

How were you referred to us? □ Advertisement □ Walk-In □ State Job Service □ Academic Referral □ Employment Agency □ Personal Referral □ Employee Referral □ Other _____

Have you had any back, shoulder or other injuries during the past 5 years that may restrict you from accomplishing the duties required for the position you are applying? □ Yes □ No
If yes please explain: _____

_____

Can you cook? □ Yes □ No If yes what types of meals can you and do you like to prepare? _____

_____

_____

Do you Smoke Cigarettes, Cigars or Pipes? □ Yes □ No If yes how much and how often? _____

_____

Previous Job History

Start with you r present or last job and include any job related military service assignments. If you need additional space, please continue on the back of this page. Please be sure to list all former employers.

A. Company Address

City, State, Zip Phone#

Position Held Duties Performed

Employed from / / to / / Supervisor Salary

Reason for Leaving

B. Company Address

City, State, Zip Phone#

Position Held Duties Performed

Employed from / / to / / Supervisor Salary

Reason for Leaving

C. Company Address

City, State, Zip Phone#

Position Held Duties Performed

Employed from / / to / / Supervisor Salary

Reason for Leaving

D. Company Address

City, State, Zip Phone#

Position Held Duties Performed

Employed from / / to / / Supervisor Salary

Reason for Leaving

May we contact your present employer? □ Yes □ No Previous employers? □ Yes □ No

Please identify any exceptions and reasons for not contacting present or previous employers:

References

Give name, address and telephone number of references that are not related to you and are not previous employers.

A. Name _____ # of years acquainted _____

Address _____ City, State, Zip _____

Home/Business Phone # _____ Occupation _____

B. Name _____ # of years acquainted _____

Address _____ City, State, Zip _____

Home/Business Phone # _____ Occupation _____

C. Name _____ # of years acquainted _____

Address _____ City, State, Zip _____

Home/Business Phone # _____ Occupation _____

Acknowledgement and Authorization

I understand that if employed by Ryders Health Management and affiliates, I will be an employee at-will, which means that I can voluntarily end my employment or be terminated at any time with or without notice for any reason or no reason at all. No statement whether written or oral, by any Company representative may vary the foregoing, I give the Company permission to verify all information provided on the application or in the interview(s), as well as contacting any and all or any of my previous employers and references and authorize them to provide all information requested of them by the Company.

After a conditional offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination including a pre-employment drug test at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related medical examination and my receipt of negative drug test results.

By signing this application, I am giving Ryders Health Management and affiliates permission to conduct a national criminal background check.

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or employment agency policy and procedure.

I have read the forgoing and understand the above. By providing the above authorization, I release Ryders Health Management and affiliates from all liability for requesting and acting upon the information, reports and records obtained.

Applicant's Signature _____ Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER