



Employment Application

Availability: check all that you could work						
Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Day hours _____ Evening hours (5-9P) _____ nights (9P-12MN) _____ overnights _____ live-in _____						

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired: Per Diem Number of Hours: _____

Part Time Number of Hours: _____

Full Time Number of Hours: _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

(_____) _____ (_____) _____

(_____) _____

Home Phone Number Cell Phone Number or Work Phone Number

Email address

Social Security Number Language skills other than English (written/spoken) Date of Birth

Have you ever been employed here before? Yes or No If yes, when? _____

Are you legally eligible for employment in the US? Yes No

If not legal citizen: Do you have a green card? Yes No

Do you have a social security card? Yes No

Has your visa expired? Yes No

REFERAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad _____ Internet _____
Which newspaper? Which site?

Current Employee _____
We'd like to thank them

Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____
 EZ Healthcare of Boston Group, Inc. is an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Employment History - *Please begin with your most recent or current place of employment.*

Place of Employment: _____ Start Date: _____
 Address: _____ End Date: _____
 Position: _____ Phone Number: (____) _____
 Supervisor: _____ Salary: _____
 Reason for Leaving: _____ Final Salary: _____

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 Reason for Leaving: _____ Final Salary: _____

Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School:				

College: _____

Other: _____

Other: _____

Military Service
 Branch of Service: _____ Dates of Service: _____
 Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
 Special Schooling and/or Duties: _____

Licenses and Certifications

- | | License or Certification | ID Number | Expiration Date | State |
|----|--------------------------|-----------|-----------------|-------|
| 1. | _____ | | | |
| 2. | _____ | | | |
| 3. | _____ | | | |

Criminal History

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date