



700 Route 130N, Cinnaminson, NJ 08077 \* T: 609-450-1719 \* 856-470-9018 \* F: 856-797-1010

## Employment Application for A+ Senior Care

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

1. Last Name \_\_\_\_\_ Maiden: \_\_\_\_\_ First \_\_\_\_\_
2. Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Cell/Pager No. \_\_\_\_\_
5. Message Phone No. \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_
6. Email address: \_\_\_\_\_ 7. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. When can you begin work? \_\_\_\_\_ How did you hear of us? \_\_\_\_\_
9. Are you legally eligible for employment in the United States? \_\_\_\_\_ 10. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
11. Have you ever applied with A+ Senior Care before? \_\_\_\_ If yes, when? \_\_\_\_\_ Name Used? \_\_\_\_\_

**BACKGROUND** - One very important condition of employment is that all employees must be “bondable”. List States and counties where you have lived in the past **seven (7) years**:

|       |        |       |        |
|-------|--------|-------|--------|
| State | County | State | County |
| State | County | State | County |

10. Have you ever been convicted of a crime?  Yes  No

Explain \_\_\_\_\_  
\_\_\_\_\_

(PLEASE NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

11. Do you currently use any controlled substances (*including marijuana*)?  Yes  No

Explain \_\_\_\_\_

12. Do you smoke?  Yes  No      Are you willing to work in a smoker’s home?  Yes  No

13. Do you have any conditions that limit your ability to perform the job as listed in the *Job Description*?

Yes  No    If yes, what can be done to accommodate your limitations? \_\_\_\_\_

14. Do you have a valid New Jersey driver’s license?  Yes  No    License Number \_\_\_\_\_

If no, New Jersey ID Number \_\_\_\_\_

15. Do you have your own car?  Yes  No    - Will you transport a client?  Yes  No

**NOTE: If hired you are required to provide proof of insurance to Human Resources.**



700 Route 130N, Cinnaminson, NJ 08077 \* T: 609-450-1719 \* 856-470-9018 \* F: 856-797-1010

**LOCATIONS YOU CAN TRAVEL TO VISIT CLIENTS *if necessary***

Please indicate any preferences for specific communities:

\_\_\_\_\_

16. Is there any limitation you wish to place on the type of work you will do? \_\_\_\_\_

**EDUCATION**

| School Type              | School Name | City, State, Country | Major | No. of yrs Attended | Graduated? |
|--------------------------|-------------|----------------------|-------|---------------------|------------|
| High School              |             |                      |       |                     | Y/N        |
| Vocational/<br>Technical |             |                      |       |                     | Y/N        |
| College/<br>University   |             |                      |       |                     | Y/N        |

17 List languages spoken? \_\_\_\_\_

**EMPLOYMENT HISTORY**

List employment for the past five years, with the most recent job first. Use separate sheet if needed.

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Your Position \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Salary \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Reason Left \_\_\_\_\_  
 May we contact your current employer?  Yes  No If no, why not? \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Your Position \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Salary \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Reason Left \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Your Position \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Salary \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Reason Left \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Your Position \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Salary \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Reason Left \_\_\_\_\_



700 Route 130N, Cinnaminson, NJ 08077 \* T: 609-450-1719 \* 856-470-9018 \* F: 856-797-1010

**LIST AREAS OF WORK EXPERIENCE AND PERIOD OF TIME EXPERIENCE WAS ACQUIRED:**

---

---

---

**Personal References (3)**

Please list 3 personal references below. These references may be anyone who knows you personally, that is **not your family member**. Previous employers will be called for professional references. If you do not have at least 3 professional references, please provide additional names for personal references. These can be co-workers, volunteer organizers, your Pastor or teachers.

1. Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How long? \_\_\_\_\_
2. Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How long? \_\_\_\_\_
3. Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How long? \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize A+ Senior Care to request and receive from all prior employers within one (1) year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

I authorize the references I have listed to provide all information regarding my suitability for employment. I hereby release all persons from any liability for any damages that may result from giving information to A+ Senior Care. I also authorize investigation of all statements contained in this application. I understand and agree that employment with A+ Senior Care is at-will. That is, it may be terminated at the will of either employer or the employee at any time, with or without notice and with or without cause or reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_



700 Route 130N, Cinnaminson, NJ 08077 \* T: 609-450-1719 \* 856-470-9018 \* F: 856-797-1010

**REFERENCE INQUIRY**

*Applicant please sign only.*

We appreciate your courtesy in responding to the following inquiry concerning your former employee named \_\_\_\_\_  
APPLICANT'S NAME

Position/Title: \_\_\_\_\_

Dates of Employment: (month/year)\_\_\_\_\_ to \_\_\_\_\_ Length of Employment \_\_\_\_\_

Reason for leaving this job \_\_\_\_\_

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

I, the undersigned, authorize the above listed reference, or his or her representative(s) to provide A+ Senior Care, with any and all information regarding my employment performance.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE CRITERIA

Please mark (+) for excellent and (-) needs improvement

- Punctuality / Attendance
- Reliability / Following Instructions
- Flexibility / Cooperation / Communication
- Attitude / Rapport with Older Adult and Others
- Concern for Older Adult's Well-being

Is the above applicant eligible for rehire?  Yes  No

Would you recommend the applicant for similar employment?  Yes  No

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_