



Touch of Care

"People Caring for People"

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

APPLICANT INSTRUCTION

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. 1) Please read "Applicant Note". 2) Complete the entire application. 3) Print clearly; incomplete or illegible applications will not be processed.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone
City	State	Zip Code	Work Phone

AVAILABILITY

Position(s) Applied For :	Salary Expected:
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Date Available:	
Days and Hours available to work:	

EMPLOYMENT EXPERIENCE

Please complete every question in order for your application to be considered. Correct addresses and telephone numbers are necessary so that we may contact previous employers. **List most recent employer first.**

Are you currently working for your most recent employer? ☐ Yes ☐ No If yes, may we contact? ☐ Yes ☐ No

Employer:	Dates Employed		Employer:	Dates Employed	
Address:	From	To	Address:	From	To
Telephone #:	Hourly Rate/Salary		Telephone #:	Hourly Rate/Salary	
Job Title:	Starting	Final	Job Title:	Starting	Final
Duties:			Duties:		
Reason for Leaving:			Reason for Leaving:		
Employer:	Dates Employed		Employer:	Dates Employed	
Address:	From	To	Address:	From	To
Telephone #:	Hourly Rate/Salary		Telephone #:	Hourly Rate/Salary	
Job Title:	Starting	Final	Job Title:	Starting	Final
Duties:			Duties:		
Reason for Leaving:			Reason for Leaving:		

EDUCATION

School	Name & Address	Last Year Completed:	Diploma/GED/Degree:	Date of Graduation:	Course of Study
High School		9 10 11 12			
University/College or Trade School		1 2 3 4			

REFERENCES

Name and address of at least three personal references, other than relatives, that you have known at least one year.

NAME	ADDRESS	PHONE NUMBER

APPLICANT COMMENTS – Touch of Care is especially interested in why you want to work with the elderly, blind and disabled. List any special qualities or qualifications that would assist you in being employed for Touch of Care.

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract and none of the company's policies should be considered as a contract or as a guarantee of continued employment. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process, or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of relation, sex, marital status, race, age, creed, national origin, or the presence of a disability. A felony conviction will not necessarily bar an applicant from employment.

CERTIFICATION AND RELEASE

I Certify that I have read and understand the applicant note and that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or termination at any time during my employment. I also understand that my employment can be terminated at will, without notice and without cause at any time at the discretion of either the company or myself.

I authorize the company, and/or its agents, to verify any of this information including, but not limited to, work history, criminal history and motor vehicle driving records. I release all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs or alcohol is prohibited while on the job and I am willing to submit to drug testing to detect the use of illegal or alcohol prior to and during employment.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Applicant Signature

Date

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA