

## EMPLOYMENT APPLICATION v1.3

Date: \_\_\_\_\_

### Instructions-

- Please complete this application and click the submit button on page 4.

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you 18 years or older:  yes  no

Are you legally authorized to work in the United States?  yes  no

Have you ever been convicted of a felony?  yes  no (If yes, please explain)

Have you ever been convicted of a misdemeanor?  yes  no (If yes, please explain)

### DESIRED EMPLOYMENT

Position Applied For:  License #: \_\_\_\_\_

What is your acceptable rate of pay? Range from \_\_\_\_\_ to \_\_\_\_\_

Are you currently employed?  yes  no

Have you ever applied for a position with Fedelta:  yes  no If yes, when? \_\_\_\_\_

Have you ever worked for Fedelta:  yes  no If yes, when? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**CERTIFICATIONS**

Can you provide the following upon request?

- Current TB Test (Required)     Current CPR (Required)     HIV/AIDS Certification (Required)
- Fundamentals of Caregiving Certification (Required where applicable)
- Nurse Delegation Certification (Required where applicable)

**AVAILABILITY**

Please check all times and days you are available to work

Shifts	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8:00 am-12:00 noon							
12:00 noon-5:00 pm							
5:00 pm - 10:00 pm							
10 Hour Overnights							
12 Hour - Days							
12 Hour - Overnights							
24 Hour Live-In							

**TRANSPORTATION**

Do you have access to reliable transportation?  Car  Busline  Other (please explain)

Do you drive?  yes  no      Do you have a car with valid auto insurance?  yes  no

Can you provide proof of current auto insurance upon request?  yes  no

**WORK HISTORY**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Pay Rate: \_\_\_\_\_ Ending: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact This Employer:  yes  no

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Pay Rate: \_\_\_\_\_ Ending: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact This Employer:  yes  no

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Pay Rate: \_\_\_\_\_ Ending: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact This Employer:  yes  no

**PROFESSIONAL REFERENCES**

List the names of three persons (you are not related to) whom you have known for at least one year.  
 \*Must be previous/current supervisors

Name	Address	Relationship	Phone #	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**AUTHORIZATION**

**Please read and initial next to each section.**

\_\_\_\_\_ I authorize Fedelta Care Solutions to obtain any relevant information (including extensive local and national criminal background checks, social security verification, credit history, and motor vehicle investigations) needed to make an employment decision. I authorize Fedelta Care Solutions to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal contractual, or accreditation audits purposes. I also authorize Fedelta Care Solutions to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Fedelta Care Solutions from any individual or entity providing information to Fedelta Care Solutions from all liability for any damages from the disclosure of the information.

\_\_\_\_\_ I understand and agree that nothing contained in this employment application or in granting an interview creates an employment contract between Fedelta Care Solutions and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me. If I am offered employment, I understand that it is conditional upon a clear criminal background check and that the employment can be terminable "at will", and that I have a right to terminate my employment at any time and that Fedelta Care Solutions retains a similar right to terminate my employment at any time.

\_\_\_\_\_ I understand that should I become employed by Fedelta Care Solutions, my work assignments, scheduled and work locations are subject to change according to the needs of the business and the clients of Fedelta Care Solutions.

\_\_\_\_\_ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be considered grounds for dismissal.

\_\_\_\_\_ I authorize investigation of all statements contained herein and the references and employers listed to you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please click the submit button after completing your application. If you are unable to submit this application digitally please print, sign, and fax your completed application to 206-299-3578.*