



OPEN ARMS CARE CORPORATION

# APPLICATION FOR EMPLOYMENT

Open Arms Care Corporation is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or sexual orientation.

Today's Date: \_\_\_\_\_

Name (Last)		First		Middle	
Street Address		City		State	Zip
County	How Long?	SSN - -			
Home Phone	Home e-mail	Alternate Phone		Alternate e-mail	
Last Two Previous Addresses (1)		City	State	Zip	County
From (M/Y)	To (M/Y)				
(2)		City	State	Zip	County
From (M/Y)	To (M/Y)				
Position Applying For		Full Time or Part Time		Salary Desired	

## GENERAL INFORMATION

Days Available for Work:	<input type="checkbox"/> 1 <sup>st</sup> shift <input type="checkbox"/> 2 <sup>nd</sup> shift <input type="checkbox"/> 3 <sup>rd</sup> shift
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have relatives employed by OAC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what relationship: Location:
Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment</i>	Referred by:

In order to check your work or education record, please list any other name, assumed name, or nickname you have used.



### EMPLOYMENT HISTORY

List most recent job first. Account for all time, employed or not, for the last five years. Use a separate sheet of paper if more space is needed. Employment history must be completed even if a resume has been submitted.

Name of Employer		Type of Business			
Street Address		City		State	Zip
Phone	Name of Supervisor	Supervisor's Title		May we contact?	
Dates of Employment From (M/Y)                      To (M/Y)		Job Title (Last)		Starting Pay	Final Pay
Description of Responsibilities					
Reason(s) for Leaving					

Name of Employer		Type of Business			
Street Address		City		State	Zip
Phone	Name of Supervisor	Supervisor's Title		May we contact?	
Dates of Employment From (M/Y)                      To (M/Y)		Job Title (Last)		Starting Pay	Final Pay
Description of Responsibilities					
Reason(s) for Leaving					

Name of Employer		Type of Business			
Street Address		City		State	Zip
Phone	Name of Supervisor	Supervisor's Title		May we contact?	
Dates of Employment From (M/Y)                      To (M/Y)		Job Title (Last)		Starting Pay	Final Pay
Description of Responsibilities					
Reason(s) for Leaving					

### EDUCATION

High School		College / University / Vocational Institution	
School Name		Institution Name	
City / State		City / State	
Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received	
G.E.D.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Study Major	
Dates Attended	From (M/Y)      To (M/Y)	Dates Attended	From (M/Y)      To (M/Y)

### PROFESSIONAL LICENSE

Type of License(s) held: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### REFERENCES

Name	Address	Contact Phone #	Business	Years Known
1.				
2.				
3.				

### APPLICANT'S CERTIFICATION & AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Open Arms Care Corporation to verify the accuracy and to obtain reference information on my work performance.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. The consideration of employment with OAC, I agree to comply with all the policies, procedures and requirements of OAC and applicable federal, state and local laws. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration is at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant