



## EMPLOYMENT APPLICATION/BACKGROUND CHECK FORM

**Attach your resume to this job application:**

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ S/S#: \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ License # (car): \_\_\_\_\_

Job Objective: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Desired salary: \_\_\_\_\_

Other job interests: \_\_\_\_\_

Willing to relocate? \_\_\_\_\_ Area preferences: \_\_\_\_\_

Education	Name and Location of School	Yrs attended	Degree	Program: major/minor
High School				
College				
Certificates				
Other				

### Years of Technical and Administrative Experience

1. Microsoft Word \_\_\_\_\_ yrs – Basic/Intermediate/Advance
2. Excel \_\_\_\_\_ yrs – Basic/Intermediate/Advance
3. PowerPoint \_\_\_\_\_ yrs – Basic/Intermediate/Advance
4. Outlook/Email \_\_\_\_\_ yrs – Basic/Intermediate/Advance
5. Internet \_\_\_\_\_ yrs – Basic/Intermediate/Advance
6. Type \_\_\_\_\_ WPM
7. Filing \_\_\_\_\_ yrs / Answering Phones \_\_\_\_\_ yrs / Setting Meetings \_\_\_\_\_ yrs

### Honors, achievements, extracurricular activities, hobbies, or interests

---



---



---



---



---



---

# EMPLOYMENT APPLICATION/BACKGROUND CHECK FORM

(Page 2)

Employment Record going back five (5) years (in reverse chronological order)

Dates of Employment	Names and address of organization	Title or position	Duties and responsibilities	Name of supervisor	Reason for leaving

Professional, union, social memberships

Military Service	Branch of Service	Date of Entrance	Date of Discharge	Rank

Military assignments/Occupational specialty:

---

Explain any special circumstances:

---

Explain any personal responsibilities or health problems that might prevent you from coming to work such as defects in hearing, vision, or speech.

---

---

---

Please provide us with three professional business references:

Reference Names	Address	Phone Number	Relationship

# EMPLOYMENT APPLICATION/BACKGROUND CHECK FORM

(Page 3)

**REQUIRED INFORMATION** *(Please answer each of the following questions; please print clearly.)*

Last name		First Name		Middle Name	
Other Names our Have Used		Social Security		Date of Birth	
Place of Birth	Sex	Height	Weight	Hair Color	Eye Color
Home Telephone		Business Telephone		Email	
Current Address (If less than two years, please write residence from 0-2 years)					
Previous Address					

1. Have you ever filed for bankruptcy? Yes/No
2. Have you EVER been convicted of a felony or misdemeanor which resulted in imprisonment or probation? Yes/No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted for abuse or neglect of others? yes/No

If yes, please state name(s) and conviction charges under that name(s).

\_\_\_\_\_

4. Do you have documentation of TB testing with negative results? Yes/No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION AND AUTHORIZATION

I certify that the information contained on this form is true, correct and complete to the best of my knowledge. I understand that in signing this form, I hereby authorized Gees Hope Caring Agency, LLC that I have requested an appointment to investigate my background, including my credit history and interviews with former or current employers. I agree that if any of my answers to the questions on this form change, I will notify, in writing, within 10 business days of the incident which would cause an answer change. I understand that falsification of information or failure to update the answer on this application may result in termination of appointment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date