

# Employment Application

**Circle of Life, LLC**  
**Ph: (330) 289-7759**  
**Fax: (330) 000-0000**

## Applicant Data

Applicant: \_\_\_\_\_ SSN \_\_\_\_\_  
                    LAST                    FIRST                    MI

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

How long at current address \_\_\_\_\_ Are you over the age of 18?  Yes  No Sex  M  F

Prior Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever worked for our agency?  Yes  No Do you have reliable transportation?  Yes  No

Name of friends or relatives who presently work for this company: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How is this person related to you? \_\_\_\_\_

## Position Data

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you employed now?  Yes  No If so, may we contact your current employer?  Yes  No

## Education and Employment Information

List the last three (3) schools you attended, beginning with the most recent.

Name and address	# of Years completed	Graduate?	Major/Degree
1.			
2.			
3.			

List your last three (3) employers, beginning with the most recent.

Company	Address	Phone #	Supervisor
1.			
2.			
3.			

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## General

List any foreign languages you speak and check your level of familiarity:

\_\_\_\_\_  Speak some  Speak fluently  Read  Write  
\_\_\_\_\_  Speak some  Speak fluently  Read  Write

Have you ever had any professional license or certification placed under investigation, revoked, disciplined, or suspended?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Professional License #: \_\_\_\_\_ Professional License #: \_\_\_\_\_

Have you ever been convicted of a felony within the last five years?  Yes  No\_  
If yes, explain ( this will not necessarily exclude you from consideration): \_\_\_\_\_

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## Military

U.S. Military Service: **Branch:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## References-

Please list **two** individuals that you have worked with in the health care field.

Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Company \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Company \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize Circle of Life, LLC to request and receive from all prior employers within one 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 certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed by agency, falsified statements are grounds for dismissal.

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

**FOR INTERNAL USE ONLY**-----

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

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