



For office use only: Month applied: Received: Contacted:
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## Employment Application

Living Well Home Care  
1814 Chatburn Plaza  
Harlan, IA 51537  
(712) 733-8030

It is the policy of Living Well Home Care to provide equal opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, political affiliation, disability, or veteran status.

### Applicant Information:

Date of Application: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Best Phone # To Reach You: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

If you are under 18 years of age, are you able to provide proof of your eligibility to work? \_\_\_\_\_

Position (s) to Which You Are Applying: \_\_\_\_\_

Full-time or Part-time: \_\_\_\_\_

Days of the week available to work: \_\_\_\_\_

Hours of day available to work: \_\_\_\_\_

Are you available evenings? \_\_\_\_\_ overnights? \_\_\_\_\_ weekends? \_\_\_\_\_

Are you on layoff and subject to call? \_\_\_\_\_ Could you travel if job requires? \_\_\_\_\_

Date available to start employment at LWHC: \_\_\_\_\_

How did you learn about LWHC: \_\_\_\_\_

**Applicant Employment History**

Have you ever filed an application with LWHC before? \_\_\_\_\_ If yes, date? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

**Previous Employment** – Start with your most recent job. Include any job-related military skills you have acquired and/or volunteer activities. Organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status are optional.

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

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

Job Title/Duties: \_\_\_\_\_

\_\_\_\_\_

Rate of pay: \_\_\_\_\_

Dates of employment: (month/year) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

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

Job Title/Duties: \_\_\_\_\_

\_\_\_\_\_

Rate of pay: \_\_\_\_\_

Dates of employment: (month/year) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Summarize any job-related skills, qualifications, and/or certifications you have acquired from employment, education, or experience.

\_\_\_\_\_  
\_\_\_\_\_

### **Applicant's Education and Training**

High School/GED (name & location) \_\_\_\_\_

Graduated? \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

College/University (name & location): \_\_\_\_\_

Graduated? \_\_\_\_\_

Degree: \_\_\_\_\_

Past or current licenses, certifications: \_\_\_\_\_

### **References**

List two non-relatives who would be willing to provide a personal reference for you:

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

City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **Driving Violation and Accident Report**

Name (please print full name on driver's license): \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Certification of Violations:** I certify that the following is a true and complete list of traffic accidents and/or violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 36 months.

Date of Conviction	Offense	Location (City, State, Hwy)	Type of Vehicle Operated

In the past 36 months, have you held a driver's license or permit from any other state? \_\_\_\_\_

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

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any accident or violations during the past 36 months. I hereby give permission to request an actual copy of my motor vehicle driving record from the authorities. **I understand that meeting all driver qualifications is a requirement of employment with LWHC.**

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

Have you ever been known by any other name(s) which LWHC will require for the verification of the information in this application? \_\_\_\_\_ If yes, please give all name(s): \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you have a record of founded child/dependent adult abuse or have you ever been convicted of a crime in Iowa or any other state? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? \_\_\_\_\_ (Proof of citizenship or immigration status will be required upon employment in accordance with the Employment Eligibility Verification – Form I-9.)

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

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