



Personal Care Worker Employment Application

If you are applying for a particular client/consumer
List the name of the person who you are applying for:

Applicant Information

Name: _____ **Date:** _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

How many hours per week are you available to work? _____

Check the boxes on the day/days of the week that you are available to work.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any previous experience? YES NO
(Note: No experience necessary, training is available)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Military Service

Have you ever served in the
Armed Forces? YES NO
 From: _____ To: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release/dismissal.

I hereby authorize you to investigate all statements in this application as may be necessary and to obtain written and/or oral information about me from previous employers and references. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. indiGO DBA North County Independent Living is an equal opportunity employer and program.

Signature: _____ Date: _____