

Employment Application

Position Applied For: (please circle) CNA, Companion Aide, LPN, RN, Driver, Administrative Date: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Maiden/Other Legal Name(s): _____ Place of Birth: County/City _____ State _____

Address: _____
Street City State Zip

Phone Home: () Work: () Cell/Other: ()

Emergency Contact: _____ Phone Home: () Work/Other: ()

Note: All prospective employees must submit proof of identity and eligibility for employment in the U.S. prior to employment. A social security card and driver's license are preferred.

Are you legally eligible to work in the U.S.? Yes ___ No ___ If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment? _____

If employed and under 18, can you furnish a work permit? Yes ___ No ___

EDUCATION: Circle the highest grade you completed. 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of the last high school attended: _____

Did you graduate? Yes ___ No ___ If not, have you passed a G.E.D. test? Yes ___ No ___

Circle the number of years of post high school education completed. 1 2 3 4 5 6 7

School Name and Location	Date Graduated	Degree	Major Area of Study
_____	_____	_____	_____

Special Qualifications and Skills: (typing, short hand, foreign languages, professional licenses and certificates, etc.)

Do you have a driver's license? Yes ___ No ___ Commercial Driver's License? Yes ___ No ___
List the types of vehicles you can operate and amount of experience with each (for driving positions only).

Have you ever been convicted of any offense against the law (Omit juvenile offenses and minor traffic violations-include convictions by general court martial while in the military service)? Yes ___ No ___
If yes, give date, place, charge, court and fine or sentence: _____

A conviction does not automatically mean that you cannot be employed. What you were convicted of and how long ago are important. Give all the facts so that a decision can be made. _____

Cleansing Water, Inc.

Private, Personal Care for the Elderly & Handicapped

P.O. Box 3314
30 Main Street, Suite 234
Warrenton, Virginia 20188-1914
Fax (540) 341-8477
E-mail: Info@cleansingwater.com

Phone (540) 341-0212

Toll Free (866) 294-4665

Website: www.cleansingwater.com

Have you ever been fired or asked to resign from a job? Yes _____ No _____ If yes, please give the name and address of employer and describe reason (A firing or forced resignation does not automatically exclude you from employment. The circumstances, time elapsed and recent employment record will be considered).

EXPERIENCE: The selection process for most positions involves an evaluation of relevant education and experience. It is important, therefore, that you provide enough details so that your qualifications can be properly evaluated. Start with your present job and work backwards. Include military service and volunteer experience. Additional experience should be listed by attaching separate sheets of paper or a personal resume. Be sure to include all requested information.

Present Employer: _____ Dates: From _____ To _____
Address: _____ Phone: _____ Hours per week: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Reason for Leaving: _____

Describe your work:

Past Employer: _____ Dates: From _____ To _____
Address: _____ Phone: _____ Hours per week: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Reason for Leaving: _____

Describe your work:

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Past Employer: _____ Dates: From : _____ To: _____

Address: _____ Phone: _____ Hours per week: _____

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Supervisor's Name: _____ Reason for Leaving: _____

Describe your work:

On what date would you be available for work? _____

Have you ever served in the military service? Yes _____ No _____ If yes, Branch _____

Date entered _____, Date discharged _____.

May we conduct a background check of your qualifications, character and record of employment? Yes ___ No ___
If No, please explain: _____

Please supply us with 3 Professional references (past clients you have provided caregiving services for) so we can contact them:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

CERTIFICATION:

This statement **MUST** be signed.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me, or for dismissing me after I have begun work. I waive all rights I might have against a previous employer who provides references and/or records concerning my employment history. I understand that for certain positions I may be required to successfully complete a physical examination and/or alcohol and drug test. ***I also understand that a criminal background check will be conducted, and I give authorization to do this by signing below.***

Applicant Signature _____ Date _____

Company Use Only

Date Hired _____ Rate of Pay \$ _____ Approved by: _____

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Dear _____:

Date: _____

_____ has applied for employment at Cleansing Water Inc. and provided your name as a reference and has certified by signing below that Cleansing Water Inc. is authorized to conduct a background check of her qualifications, character, record of employment, and releases individuals or institutions from liability resulting from this check.

We would appreciate your responses to the following questions:

How long have you known the applicant? _____

What is the nature of your relationship to the applicant?

Employer/Supervisor _____

Friend/Neighbor _____

Same organization/club _____

Other _____

Please comment on the applicant's:

	Good	Satisfactory	Unsatisfactory
Character			
Integrity			
Trustworthiness			
Attendance			
Relationship w/ Supervisor			
Relationship w/ Subordinates			
Quantity of Work			
Quality of Work			

If a previous employee, would you rehire? _____

Comments: _____

Applicant Authorization: _____ Signature of Reference: _____

Thank you for your assistance. If you have any questions, please call our office at the above number, otherwise please return in the envelope provided.

FOR OFFICE USE ONLY:

Date reference obtained: _____