

Caretech, Inc.

Personal Application

(Please type or print clearly; complete all of the application)

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____

Zip Code: _____ SSN: _____ DOB: _____ Gender: _____

Home Ph# _____ Cell Ph#: _____ Cell Carrier: _____

Email: _____ Are you eligible to work in the United States? _____ Yes _____ No

Have you ever been convicted of a **criminal offense(s) including Misdemeanors, Felonies or Adult/Child Abuse convictions?** _____ Yes* _____ No

During the past eight years, have you been denied a driver's license or convicted of a moving traffic offense, including but not limited to speeding, driving while intoxicated or reckless driving? _____ Yes* _____ No

If "yes," please specify the nature and number of offense(s) _____

***Note: Answering "Yes" to a violation or conviction above does not automatically disqualify you from employment since the nature of the offense(s), the date of the offense(s) and type of job(s) for which you are applying will be considered.**

Language(s) Spoken/Written: English/Spanish /Other _____

Any licenses or certifications and when they expire: Such as CPR and CNA

EDUCATION

Please list ALL education, including high school, starting with the highest year completed.

Name of High School, College, University, Trade School, Technical College, etc.	Indicate Major, Degree or Certification received	Graduate? Or Currently Attending?
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES (Please do not include relatives)

Name	Telephone /Email	Years Known	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

Please list all employers. Begin with most recent or present.

1. Employer _____ Supervisor _____
Address _____ City, State, Zip _____
Position Title: _____ Phone No. () _____ Full-time Part-time
Dates of Employment: From _____ To _____ Salary: Starting _____ Final _____
Reason for Leaving: _____ May We Contact This Employer: _____
Brief explanation of job duties: _____

2. Employer _____ Supervisor _____
Address _____ City, State, Zip _____
Position Title: _____ Phone No. () _____ Full-time Part-time
Dates of Employment: From _____ To _____ Salary: Starting _____ Final _____
Reason for Leaving: _____ May We Contact This Employer: _____
Brief explanation of job duties: _____

3. Employer _____ Supervisor _____
Address _____ City, State, Zip _____
Position Title: _____ Phone No. () _____ Full-time Part-time
Dates of Employment: From _____ To _____ Salary: Starting _____ Final _____
Reason for Leaving: _____ May We Contact This Employer: _____
Brief explanation of job duties: _____

4. Employer _____ Supervisor _____
Address _____ City, State, Zip _____
Position Title: _____ Phone No. () _____ Full-time Part-time
Dates of Employment: From _____ To _____ Salary: Starting _____ Final _____
Reason for Leaving: _____ May We Contact This Employer: _____
Brief explanation of job duties: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize the release, to *Caretech, Inc.*, the results of my medical examination, including drug screening test results, for internal use by *Caretech, Inc.* to evaluate my suitability for employment. I also authorize any educational institutions I have attended, previous and current employers, law enforcement agencies, and any others who possess information about me to release any and all such information to *Caretech, Inc.* In a manner consistent with this authorization, I also hereby release *Caretech, Inc.* from any and all claims or causes of action, in law or equity, which I might otherwise have, arriving from the transmittal of such information to *Caretech, Inc.* and its use of it.

I further understand and agree to the following:

- * I certify that the statements made in this application are true and correct to the best of my knowledge, and that falsification of any information contained herein may result in summary termination of my employment.
- * An investigation may be done to obtain character information from employers, neighbors, friends, colleagues and associates, and others who may have knowledge of me.
- * A satisfactory evaluation of my knowledge, skills, abilities, and overall suitability for employment, determined in part on the basis of any medical examination and drug screen test results and conducted by *Caretech, Inc.* in its sole and unlimited discretion, shall be a condition to employment. I shall take all tests required for the position I seek.
- * I shall provide proof of citizenship or authority to work in the United States.
- * My employment at *Caretech, Inc.* is at the will of *Caretech, Inc.* and myself and may be terminated, with or without cause, by *Caretech, Inc.* or myself at any time with no notice required.
- * *Caretech, Inc.* may change the terms and conditions of my employment at any time without giving notice.
- * No one but the President or a designated representative of *Caretech, Inc.* has the authority to enter into any contract for employment with me which contains terms that are contrary to any herein.
- * If my employment ends, *Caretech, Inc.* may provide confidential information from my records to any prospective employer with no liability to itself or its staff.

***Caretech, Inc.* is an Equal Opportunity Employer and adheres to all anti-discriminatory laws, local, state, and federal.**

Name: _____

Signature: _____

Date: _____

Caretech, Inc.

“Excellence in helping others live independently”

RELEASE OF INFORMATION

Caretech, Inc. employs any candidate for a position involving DIRECT or INDIRECT work with elderly and disabled individuals. Caretech, Inc. will check adult/child abuse/neglect records, central registry records and law enforcement records regarding any substantial evidence of adult/child maltreatment or other behavior which harmed, or may harm elderly adults, children or disabled persons.

Have you ever (or currently) been under investigation for possible adult/child abuse/neglect?

_____ **Yes**

_____ **No**

IF you answered “YES,” you must provide Caretech, Inc. a copy of the report(s) regarding each incident. Answering “YES” and providing the report(s) does not automatically disqualify you from employment since the nature of the incident(s), the date of the incident(s), and the disposition of the incident(s) will be considered.

Before being accepted for a paid position working directly or indirectly with Caretech, Inc.’s clients, we need to check the Nebraska (and/or appropriate state(s) Adult/ Child Abuse/ Neglect Central Registries to confirm that there have been no substantial referrals of adult/child maltreatment concerning you. To do so, we need your authorization.

I authorize the State of Nebraska (and/or appropriate state(s)) to release information pertaining to Caretech, Inc.

Signed

Date

Printed Name (Last, First, Middle Initial)

Previous Names Used

Social Security Number

Date of Birth

Office Signature:

Signed

Date

Have you resided in a state other than Nebraska within the last 10 years? _____ **Yes** _____ **No**
If “YES,” please list all the States and addresses in which you have lived over the past 10 years regardless of length of residence.

- 1. _____ 2. _____
- 3. _____ 4. _____