



## Employment Application

### APPLICANT INFORMATION

**Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
*Last* *First* *M.I.*

**Address:** \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

**Phone:** { } \_\_\_\_\_ **Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Date Available:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Desired Salary:** \$ \_\_\_\_\_

**Nursing License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **CNA Certification #:** \_\_\_\_\_ **State:** \_\_\_\_\_

Do you possess a valid Driver's License?  YES  NO **Driver's License Number:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

**Desired Position:** \_\_\_\_\_ **Part/Full-Time:** \_\_\_\_\_ **Shift:** 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

Are you a citizen of the United States?  YES  NO **If no, are you authorized to work in the U.S.?**  YES  NO

Have you ever worked for this company?  YES  NO **If yes, when?** \_\_\_\_\_

Did someone refer you to this agency?  YES  NO **If yes, who?** \_\_\_\_\_

If no, how were you referred to us? **Please explain:** \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO **Do you have any pending charges?**  YES  NO

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

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

**Existence of a criminal background is not an automatic bar of employment. Consideration will be given to the nature of the cause being sought, specific offenses, your age at the time of the offense, the period of time in which has elapsed since the commission of the offense, and any justifying circumstances. All Arrest Must Be Reported!**

## EDUCATION

**High School:** \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_ City/State: \_\_\_\_\_

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: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

**CONFIDENTIAL REFERENCE REQUEST(S)**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**TELL ABOUT A LITTLE YOURSELF**

Are you comfortable working around pets?  Yes  No

If no, please explain \_\_\_\_\_

Do you have any disabilities we need to know about?  Yes  No

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

Have you had your COVID Vaccines?  Yes  No

If no, please explain \_\_\_\_\_

Have you had your annual Flu Shot?

If no, please explain \_\_\_\_\_

Can you work an on-call schedule?  Yes  No

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

Can you work additional hours outside of your normal schedule if required?  Yes  No

If no, please explain \_\_\_\_\_

Are you able to lift 50 lbs.?  Yes  No

If no, please explain \_\_\_\_\_

Are you able to stand for long periods of time?  Yes  No

If no, please explain \_\_\_\_\_

What else should we know about you? \_\_\_\_\_

**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.*

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

# SEVEN DAYS IN-HOME CARE AGENCY, LLC

## Permission for Criminal Background Check And Drug Screen

SEVEN DAYS IN-HOME CARE AGENCY, LLC (SDIHCA) requires a criminal background check to be performed by the South Carolina Law Enforcement Division (SLED), and a negative Drug Screen as a condition for employment for all potential employees. For those potential employees who are considered non-residents of South Carolina must perform a *nation-wide criminal background check* by SDIHCA approved vendor.

I understand, that I must obtain a drug screen at an approved laboratory facility during my hiring process. This screen will be done upon hire and is also done randomly throughout the term of my employment with SDIHCA. The SDIHCA will pay for the drug screen.

**NOTE:** \$25.00 will be deducted from the employee's first paycheck to cover the cost of the criminal background check. SDIHCA will allow the employee to obtain a copy of the criminal background check. The criminal background check will not be obtained by any other persons except the employee.

I grant permission to the SDIHCA to conduct a criminal background check on me, the undersigned, through the SLED or a nation-wide background check, whichever applies. I understand that failure to have an acceptable criminal background SDIHCA will not offer employment.

My signature authorizes the SDIHCA to release the results of the background check and drug screen and other related health screenings to contracted facilities.

---

**Full Name (Please Print)**

---

**Social Security Number**

---

**Signature**

---

**Sex**

---

**Maiden Name**

---

**Race**

---

**Date of Birth**

---

**Date**

**CONFIDENTIAL REFERENCE REQUEST**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I, \_\_\_\_\_ have applied for employment with the Seven Days In-Home Care Agency, LLC. I hereby release from all liability the company and/or person completing this form, and authorize them to release all information regarding my employment with them.

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SEVEN DAYS IN-HOME CARE AGENCY conducts a complete reference check, prior to hiring, on each applicant for employment. All information we request is confidential. Any statements you wish to make that would help us determine a placement for this applicant may be entered in the space provided below. We appreciate your prompt reply in advance.

Is the above information correct?  Yes  No

If no, please explain: \_\_\_\_\_

Please rate the applicant using the following guidelines.

**A = Above Average**

**B = Satisfactory**

**C = Unsatisfactory**

**U = Unable to Evaluate**

Attendance/Dependability	_____	Comment(s): _____
Quality of Work	_____	Comment(s): _____
Cooperation/Attitude	_____	Comment(s): _____
Job Performance	_____	Comment(s): _____
Technical Ability	_____	Comment(s): _____
Follow Directions	_____	Comment(s): _____
Any Verbal / Written Warnings	_____	Comment(s): _____
Effective Use of Time	_____	Comment(s): _____
Professionalism	_____	Comment(s): _____

Would you Rehire?  Yes  No If not, Why? \_\_\_\_\_

Any Additional Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_, Title: \_\_\_\_\_

Contact #: \_\_\_\_\_, Ext. \_\_\_\_\_ Company Fax/Email: \_\_\_\_\_