

**INSTRUCTIONS:** If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- Application will be valid for 60 days.

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment with us, an independently owned and operated Nagomi, Inc. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

**PERSONAL INFORMATION**

[Reset Form](#)

Today's Date:		Official Use Only:	
Positions(s) Applied For:	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice
Name:	First	Middle	Last
Current Address:			
Previous Address:			
Home Phone:		Work Phone:	
Cell Phone:		Alternate Phone:	
Emergency Contact(s):	Name / Phone	Name / Phone	Name / Phone
Have you ever submitted an application here before?	Yes / No	If yes, when?	
Have you ever been employed here before?	Yes / No	If yes, when?	
Have you ever been given a copy of the job description for the position for which you have applied to review.			Yes / No
Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?			Yes / No
Why are you interested in employment with us?			

**AVAILABILITY**

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked:

What date are you available to begin work?							
Please check all areas of availability:	Mornings	Afternoon	Evenings	Overnights	Weekdays	Weekends	
Please indicate the days of the week as well as the earliest and latest times that you are available for work.							
Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

**PREFERENCES**

Please indicate the types of services which you are willing to provide:

Companionship	Housekeeping (dust/vacuum)	Shopping/Transportation*	Meal Preparation
Laundry/Ironing	Personal Care	Activities (games/crafts)	Medication Reminders
Dementia/Alzheimer's Care	*In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.		
Are you willing to provide service to a client that smokes?		Yes /	No

**JOB RELATED SKILLS**

Describe any training or life skills you have that apply to caring for a senior:		
Describe any work history you have that would apply to caring for a senior:		
What do you like (or think you would like) most about working with older adults?		
What do you like (or think you would like) least about working with older adults?		
What personal rewards do you get from working with seniors?		
What language skills do you have ?	written:	spoken:

**WORK HISTORY**

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER	Are you currently working for this employer?	Yes /	No	If yes, may we contact?	Yes /	No
Company Name:	Address:			Phone Number:		
Job Title :	Supervisor's Name:					
Duties:	Salary :					
Reason for Leaving:	Dates Employed: from		to			

SECURITY

Please be sure to complete the attached Authorization to do a criminal background check.

As a condition of employment all employees must be "Bondable"& "Insurable". Are you at least 19 years of age?	Yes /	No
Have you been charged/convicted of a felony and/or misdemeanor/or served time If yes, please describe:	Yes /	No
Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years?	Yes /	No

REFERENCES (Do not include relatives)

Please complete all three references. Your application will not be considered unless three references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

Name	Mailing Address	Phone Number / E-Mail
Name	Mailing Address	Phone Number / E-Mail
Name	Mailing Address	Phone Number / E-Mail

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between Nagomi, Inc., and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE