



TOTALCARE
APPLICATION FOR EMPLOYMENT

Fill out application form completely. If questions are not applicable enter "NA", do not leave questions blank. Be sure to sign when completed. TotalCare is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, veteran's status, citizenship, or disability. If applying for more than one position, you may make copies of the application and enter different position titles, but each copy must be signed and dated.

Position Applied For: Date of Application:
Referred By: Newspaper Ad Internet TotalCare Employee School Walk-in Other

Name (Last) (First) (Middle) Initial

Present Address (Street) (City) (State) (Zip)

() Home Phone () Work Phone () Cell Phone

Current Driver's License (Number) (State)

Have you ever used any other name(s) for school or work? Yes No
If yes, please list other name(s)

Are you seeking: Full-Time Part-Time Temporary Date available for work?

Are you willing to work: Days Evening Nights Overtime Weekends Holidays

Are you 18 years of age or older? Yes No If hired, proof of age may be required.

Have you ever worked for Total Care? Yes No If yes, list dates and position

If hired, can you provide verification of your legal right to work in the United States? Yes No

Except for minor traffic violations:

- 1. Have you ever been convicted of a felony or misdemeanor? Yes No
2. Have you ever received deferred adjudication for a felony or misdemeanor charge? Yes No
3. Have you ever been placed on probation? Yes No
4. Have you even been arrested by the police? Yes No

If you answered Yes to any of the three preceding questions, describe all incidents on a separate sheet of paper indicating charge, date of conviction, location of court, and disposition.

Do you have any relatives working for Total Care? Yes No If yes, list name(s), relationship, and department where they work.

PERSONAL REFERENCES: List 3 individuals, not related to you, that have personal knowledge of your ability to do the work for which you are applying.

Table with 5 columns: NAME, ADDRESS, OCCUPATION, PHONE, NUMBER. Rows 1, 2, 3.

List professional, trade, business, or civic activities and any offices held if related to the job for which you are applying.

EDUCATION: Applicants may be required to provide copies of diploma, degree, transcripts, licenses, certifications, and registration. Did you graduate from high school? Yes No If no, do you have a GED? Yes No

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate/Legal/Professional				
Other				

Special Training/Skills/Qualifications: List any job related training or operational skills you possess, such as office equipment and machines, types of computer software/hardware, maintenance equipment, etc. _____

Computer programs you are familiar with _____

Computer programs you are proficient in _____

List any job related licenses, certifications, or registrations (exclude diver's license). Indicate issuing state and expiration date. _____

Typing: _____ WPM Ten Key: _____ By touch _____ By sight

Do you ___ speak ___ read ___ write a language other than English? Yes No

If yes, which language(s) _____

EMPLOYMENT RECORD: Start with your present or most recent job and list all jobs held. Attach separate sheets if more space is needed. Include any job related military service assignments and volunteer activities.

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

Employed (month/year) From: _____ To: _____	Job Title: Beginning _____ Ending _____	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address	
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

APPLICATION STATEMENT:

I certify that the foregoing statements and those on any attachment(s) to this form are true and complete to the best of my knowledge and are given by my own free will. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with TotalCare (Company) is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application may be the basis for dismissal from employment.

I further understand and agree that: The company has my authorization to thoroughly investigate my professional and personal history to generate a background screening report. I understand that the background report may include, but is not limited to the following areas:

- Education History
- Credit History (when applicable)
- Criminal History
- Drug Testing
- Professional Licensing
- Motor Vehicle Records
- Social Media History
- Residence History and
- References

A background check will be conducted to verify the veracity of information submitted and will be utilized to develop information concerning my character, general reputation and personal characteristics. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize TotalCare, or an agent of the Company to make a thorough background investigation of all information given by me to the Company. I release from liability all persons, companies, and corporations supplying that information, in good faith.

Furthermore, I release and indemnify the Company and any agent of the Company against any liability that might result from making such background checks. Upon request, the agent of the company may supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act. A copy of this form is as valid as the original.

PLEASE COMPLETE & SIGN THE PERMISSION FORM ATTACHED

Signature of Applicant _____	Date _____
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PERMISSION FORM

The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name: _____

Applicant's Date of Birth: ___ / ___ / ___ Applicant's SS No: ___ - ___ - ___

Drivers License No: _____ State Issued: _____

Address (Current): _____

City: _____ State: _____ County: _____ Zip: _____

SOCIAL MEDIA HISTORY - Please check all that apply

- FaceBook
- LinkedIn
- MySpace
- FriendFeed
- Twitter
- Personal Blog
- Other: _____

PROFESSIONAL LICENSING

License Type: _____ License No: _____

License Type: _____ License No: _____

License Type: _____ License No: _____

EDUCATION HISTORY

Institution / College attended: _____

Address: City _____ State: _____ Zip: _____

Name used while in college: _____ (state your full name with initials)

Degree Type: _____ Graduation Date: _____

RESIDENCE HISTORY

States in which you have resided (other than Texas): _____

Signature of Applicant _____ Date _____