

Age With Grace Senior Care
2230 E Highland Road
Highland, MI 48356
248-529-6431

Fax 248-529-3930

Application for Employment

Last Name _____ First Name _____ M.I. _____

Maiden Name _____

Address _____

City _____ Zip _____ Date of Birth _____

Phone _____ Cell _____

Emergency contact _____

Email Address _____

Driver's License _____ SS# _____

Current Auto Insurance _____

How did you hear about us? _____

Education

High School _____ Did you graduate? _____

College _____ Did you graduate? _____

Degree _____

Other Training _____

Do you have any experience working with the elderly? _____

Do you have any experience with Alzheimer's or Dementia? _____

Do you have any experience providing personal care? _____

List all days you are available to work _____

List time of day you are available to work? _____

Would you consider working an overnight shift? _____

How many hours a week would you like to work? _____

Have you ever been convicted of a felony? _____

If yes, please explain _____

Has your driver's license ever been revoked or suspended? _____

If yes, please explain _____

Personal References - No Family Members

Name _____ Relationship _____

Years of Acquaintance _____ Phone _____

Name _____ Relationship _____

Years of Acquaintance _____ Phone _____

Name _____ Relationship _____

Years of Acquaintance _____ Phone _____

Name _____ Relationship _____

Years of Acquaintance _____ Phone _____

Previous Employers

Company _____ Phone _____

Supervisor _____ Job Title _____

Dates of Employment _____

May we contact for reference? _____

Reason for leaving _____

Company _____ Phone _____

Supervisor _____ Job Title _____

Dates of Employment _____

May we contact for reference? _____

Reason for leaving _____

Company _____ Phone _____

Supervisor _____ Job Title _____

Dates of Employment _____

May we contact for reference? _____

Reason for leaving _____

I certify that my answers are true and complete to the best of my knowledge. I give permission for Age with Grace to run a background check so that I can be insured and bonded.

Signature _____ Date _____