

Trí-Cíty Adult Day Care Inc.

Employment Application

Applicant Information								
Full Name:	Last	First			M.I.	Date:		
Address:								
	Street Address						Apartment/Unit ‡	‡
	City				State		ZIP Code	
Phone:			Email					
Date Available: Date of Birth: _			Desired Salary: \$					
Position Applied for:								
					NO			
Have you ever worked for this company? YES NO If yes, when?								
YES NO Have you ever been convicted of a felony?								
If yes, expla	in:							
Education								
High School: Address:								
From:	To:	Did you graduate?	YES	NO	Diploma::			
College:	College: Address:							
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address	:					
From:	To:	Did you graduate?	YES	NO	Degree:			
References								
Please list three professional references.								
Full Name:	full Name: Relationship:							
Company:					I	Phone:		

Address:						
Full Name:		Relationship:				
Company:		Phone:				
Address:						
Full Name:				Relationship:		
Company:				Phone:		
Address:						
	Previous E	mployme	ent			
Company:				Phone:		
Address:						
Job Title:	Starting S	Starting Salary:				
Responsibili	ities:					
From:	To:	Reason f	or Leaving:_			
May we con	tact your previous supervisor for a reference?	YES	NO			
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting S	Starting Salary: \$				
Responsibili	ities:					
From:	To: Reason for Leaving:_					
May we con	tact your previous supervisor for a reference?	YES	NO			
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting Salary:			Ending Salary:		
Responsibili	ities:					
From:	To:					
May we con	tact your previous supervisor for a reference?	YES	NO			

Military Service						
Branch:	From:	To:				
Rank at Discharge:	Type of Discharge:					
If other than honorable, explain:						
Disclaimer a	nd 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:				
Comments						
Comments						
		 -				