



APPLICATION FOR EMPLOYMENT

HomeCare Services of Connecticut, LLC

P.O. Box 948, Niantic, CT 06357

860.395.9595

www.HomeCareServicesofConnecticut.com

Last Name	First	Middle	Are you 18 years or older?
Street Address		Do you have a legal right to work in the US full time?	Social Security Number
City & State		Zip Code	Telephone No.(s)
Position you are applying for		Date available	Minimum pay desired per hour
Relatives employed by us?		Have you applied for employment with us in the past?	Location/dates
High School		Did you graduate?	Major Subject
College		Did you graduate?	Major Subject
Trade School	Location	Did you graduate?	Major Subject

List employment starting with your most recent job during the past 10 years. Account for any time period you were unemployed by stating the nature of your activities. Use back of sheet if needed.

Employer	Phone	From	To
Address		Name job and describe what you did	
City, State, Zip Code	Supervisor's Name	Reason for leaving	
Employer	Phone	From	To
Address		Name job and describe what you did	
City, State, Zip Code	Supervisor's Name	Reason for leaving	
Employer	Phone	From	To
Address		Name job and describe what you did	
City, State, Zip Code	Supervisor's Name	Reason for leaving	
Employer	Phone	From	To
Address		Name job and describe what you did	
City, State, Zip Code	Supervisor's Name	Reason for leaving	

E-mail Address (if available): _____

References: Please give the names of three persons not related to you, whom you have known for at least one year.

Name	Address	Phone	Occupation	Years Known
1.				
2.				
3.				

In case of emergency, please contact:

Name/Relationship	Home Phone	Work Phone
1.		
2.		
3.		

Transportation:

Do you have a valid driver's license? _____ Do you own a car? _____ Do you have a reliable means of transportation? _____ If yes, what is it? _____

Please write below any other information that you feel might influence your employment with HCSC.

PLEASE INDICATE DAYS AND HOURS YOU ARE AVAILABLE TO WORK (BE SPECIFIC)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Day:	Day:	Day:	Day:	Day:	Day:	Day:
Night:	Night:	Night:	Night:	Night:	Night:	Night:

I agree, in consideration of your employing me, that I will not seek or accept employment either directly or indirectly, in this state or any other, from any client of HomeCare Services of CT for at least three months after the official date of employment termination. It is understood that this restriction shall terminate three months after receiving or giving written notice of employment termination. If for any reason I violate the terms of this agreement, I agree to pay HomeCare Services of CT liquidated damages equaling one month's equivalent of client's fees.

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make misstatements of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or employment agency policy and procedure.

I hereby swear that all of the information in my personnel file has been voluntarily given to HomeCare Services of CT. I also hereby give HomeCare Services of CT permission to check my references provided and to conduct a criminal background check.

Applicant's Signature

Date