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**T**ailored **L**iving **C**hoices

1957 Sierra Avenue

Napa, CA 94558

(707) 259 – 0526

**CURRENT PERSONAL INFORMATION:** **Today Date:**

|  |  |
| --- | --- |
| Name (Last Name First): | Social Security No.: |
| Present Address:  | Apt. #: | City: | State: | Zip: |
| Are you 18 years or older?:( ) Yes ( ) NO | Telephone: | Cellular Telephone: |

**DESIRED EMPLOYMENT:**

|  |  |  |
| --- | --- | --- |
| Position: | Date you can start: | Salary desired: |
| Are you currently employed?:( ) Yes ( ) No | Permission to notify current employer?:( ) Yes ( ) No |
| Have you ever worked as a caregiver before?:( ) Yes ( ) No | Where?: | When?: |
| Your reason for leaving?: |
|  |
| **What is your current availability (Be specific as to hours/days available, or other obligations/commitments):**  |
| **Do you have any family members or friends that work for Tailored Living Choices now or have work for the company in the past? If yes, please give their name(s).**  |
| **Do you require any specific accommodations to perform your job duties? If yes, please explain further.**  |

**EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Level: | Name, Address and Phone Number: | No. ofYears: | Did you graduate?: | Subjects studied: |
| High School: |  |  |  |  |
| College: |  |  |  |  |
| Trade, Business and/or Correspondence school |  |  |  |  |

**GENERAL:**

|  |
| --- |
| Subjects of special study or research work: |
| Special training: |
| Special skills: |

**CURRENT /FORMER EMPLOYERS:** (List below the last 5 years of employers, starting with the most recent one first)

|  |
| --- |
| Name of present or last employer: |
| Address: | City: | State: | Zip: |
| Starting date: | Leaving date: | Job title: |
| Name of supervisor: | Title: | Phone: ( ) |
| Starting salary: | Ending salary: | May we contact your supervisor?( ) Yes ( ) No  |
| Description of work: |
| Reason for leaving: |

|  |
| --- |
| Name of present or last employer: |
| Address: | City: | State: | Zip: |
| Starting date: | Leaving date: | Job title: |
| Name of supervisor: | Title: | Phone: ( ) |
| Starting salary: | Ending salary: | May we contact your supervisor?( ) Yes ( ) No |
| Description of work: |
| Reason for leaving: |
| Name of present or last employer: |
| Address: | City: | State: | Zip: |
| Starting date: | Leaving date: | Job title: |
| Name of supervisor: | Title: | Phone: ( ) |
| Starting salary: | Ending salary: | May we contact your supervisor?( ) Yes ( ) No |
| Description of work: |
| Reason for leaving: |

|  |
| --- |
| Name of present or last employer: |
| Address: | City: | State: | Zip: |
| Starting date: | Leaving date: | Job title: |
| Name of supervisor: | Title: | Phone: ( ) |
| Starting salary: | Ending salary: | May we contact your supervisor?( ) Yes ( ) No |
| Description of work: |
| Reason for leaving: |
| Name of present or last employer: |
| Address: | City: | State: | Zip: |
| Starting date: | Leaving date: | Job title: |
| Name of supervisor: | Title: | Phone: ( ) |
| Starting salary: | Ending salary: | May we contact your supervisor?( ) Yes ( ) No |
| Description of work: |
| Reason for leaving: |

|  |
| --- |
| Name of present or last employer: |
| Address: | City: | State: | Zip: |
| Starting date: | Leaving date: | Job title: |
| Name of supervisor: | Title: | Phone: ( ) |
| Starting salary: | Ending salary: | May we contact your supervisor?( ) Yes ( ) No |
| Description of work: |
| Reason for leaving: |
| Name of present or last employer: |
| Address: | City: | State: | Zip: |
| Starting date: | Leaving date: | Job title: |
| Name of supervisor: | Title: | Phone: ( ) |
| Starting salary: | Ending salary: | May we contact your supervisor?( ) Yes ( ) No |
| Description of work: |
| Reason for leaving: |

**REFERENCE:** (Below give the names of three persons you are not related to, whom you have known at least three years.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Address and Phone Number: | Business: | Years Acquainted: |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

**CRIMINAL CHECK:**

|  |
| --- |
| Have you ever been convicted of a felony and/or misdemeanor? ( ) Yes ( ) No |
| If yes please explain. (Will not necessarily exclude you from consideration) |

Do you have reliable transportation?

( ) Yes ( ) No

Proof of car Insurance

( ) Yes ( ) No

Do you have current CPR/First Aid training?

( ) Yes ( ) No

AUTHORIZATION

“I certify that the information in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements made on this application are grounds for immediate dismissal.

I authorize the investigation of all statements contained herein, the references, and employers listed above to give you all information concerning my previous employment. All pertinent information they have may have personal and/or otherwise releases the company from any and/or all liability for damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authorization to enter into any agreements for employment for any specified period, and/or to make any agreement contrary to the forgoing, unless it is in writing and an authorized company representative signs it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date