PDX Elite Care Inc.'s Application for Employment

Position you are applying for:	

Check **all** that you may be interested in: Full-Time ☐ Part-time ☐ Full or Part-time: ☐

Last Name	First Name	Middle Initial
Mailing Address	City	County
Social Security No.	Date of Birth:	

State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address

Driver's License #	State	Expiration Date	☐ Operators (Private Vehicle) ☐ CDL	License Class _____ Endorsement _____

Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Some convictions are an automatic bar to employment, however others are not and such cases will be weighed and considered on its individual merits). *Nature of Offense* *Name & Location of Court* *Date of Conviction*	**(Inaccurate information here will result in disqualification.)** ☐ Yes ☐ No
Are any of your educational or employment records found under a different last name? If yes, please give the last name. *Previous Last Name*	☐ Yes ☐ No
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. *Employer* *Date and Reason*	☐ Yes ☐ No
If hired, are you authorized to work in the United States? Provide a copy of your authorization to work issued by the U.S. Citizenship & Immigration Service or other proof allowed via the USCIS Form I-9.	☐ Yes ☐ No

References		**Notes** *(Office Use Only)*
Name/Address	Telephone Number	

Days Available to Work	How many hours can you work weekly?	Can you work nights?	Can you work evenings?
• ☐ Sunday • ☐ Monday • ☐ Tuesday • ☐ Wednesday • ☐ Thursday • ☐ Friday • ☐ Saturday	_____ Hrs./ Wk.	• ☐ Yes • ☐ No	• ☐ Yes • ☐ No

EDUCATION, TRAINING AND CERTIFICATIONS

Do you have a high school diploma? _____ YES _____ NO or a GED? _____ YES _____ NO

Name and location of high schools attended:

Name: _____ Location: _____

Name: _____ Location: _____

Did you attend a vocational school, community college, college, university, other educational institution? If so, please provide the following:

Name of Institution	**Address of Institution**	**Did you complete the course work? Y/N**	**If yes, what degree or certificate did you receive?**	**If no, how many months or years did you attend?**	**What field or subjects did you study?**

EMPLOYMENT HISTORY				
May we contact your present employer? YES ☐ NO ☐ Comment:				
1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer (letter of proof needed)	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Title of Position Held		Reason for Leaving		
Describe job duties:				

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
▢ Paid Work ▢ Volunteer (letter of proof needed)		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Title of Position Held			Reason for Leaving	

Describe job duties:

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
▢ Paid Work ▢ Volunteer (letter of proof needed)		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Title of Position Held			Reason for Leaving	

Describe job duties:

4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
▢ Paid Work ▢ Volunteer (letter of proof needed)	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Title of Position Held		Reason for Leaving		

Describe job duties:

5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
▢ Paid Work ▢ Volunteer (letter of proof needed)	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Title of Position Held		Reason for Leaving		

Describe job duties:

Applicant's Signature: _____Date: _____