

# Golden Years Home Care, LLC. A Home Services Agency

1109 W 16th St. Oakbrook Terrace, IL 60181 Phone/Fax: 630-519-5247, cell: 773-822-1779 goldenyearshc15@gmail.com

## APPLICATION FORM

Please be detailed and thorough. Incomplete or incorrect information concerning dates, employment, education, etc will prevent us from considering you for employment opportunities.

### PERSONAL DATA

Name ( first, middle,last) \_\_\_\_\_ Today's Date \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Permanent Address if different from above \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Do you have the legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Pursuant to the Immigration Control Act of 1996. All applicants, upon being made an offer of employment, must produce documents specified by the federal government establishing their identity and authorization for employment in the United States. These must be produced before starting employment. You will also be required to sign Form 1-9 verifying your

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT INFORMATION

Position applied for \_\_\_\_\_ Location/City Preferred \_\_\_\_\_ Salary Desire \_\_\_\_\_

Type of employment desired: Full - Time Part - Time Temporary: \_\_\_\_\_ Date you can start \_\_\_\_\_

Do you feel you can perform the essential functions of the job you are applying for? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Will you need a modification of the work? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work: flexible Hours? Yes \_\_\_\_\_ No \_\_\_\_\_ Weekends Yes \_\_\_\_\_ No \_\_\_\_\_ Shiftwork Yes \_\_\_\_\_ No \_\_\_\_\_

Overtime Yes \_\_\_\_\_ No \_\_\_\_\_

Are there days or times you are NOT available to work? Yes \_\_\_\_\_ No \_\_\_\_\_ If required are you willing to travel? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for Golden Years Home Care? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever applied to this company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Dates \_\_\_\_\_ Location: \_\_\_\_\_ If yes, Dates \_\_\_\_\_

### REFERRAL SOURCE

How were you referred to Golden Years Home Care?

Company Employee \_\_\_\_\_ Employment \_\_\_\_\_

On my own \_\_\_\_\_ Agency Other \_\_\_\_\_

List any relatives/ friends who work for Golden Years Home Care: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### EDUCATION AND TRAINING

(Please circle the highest level completed)

Elementary/High School 1 2 3 4 5 6 7 8 9 10 11 12

School Name/City \_\_\_\_\_

College 1 2 3 4 5 6

School Name/City \_\_\_\_\_ Date \_\_\_\_\_

Degree/Major \_\_\_\_\_ Date \_\_\_\_\_

Vocational or Business School (s) \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY CONTACTS

Name/Address/Phone \_\_\_\_\_

Name/Address/Phone \_\_\_\_\_