



Caregiver Employment Application

Today's Date: _____

CARETEAM

Office Address: 81 Freeman Ct, Central Point, OR 97502

Phone: 541.816.4400 FAX: 541.727.7582

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- ☞ Please read "Applicant Note" below.
- ☞ Complete all pages of this application.
- ☞ Print clearly. Incomplete or illegible applications may not be accepted.
- ☞ If more space is needed to complete any question, use comments section on the back.
- ☞ Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with CARETEAM. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body is required prior to employment.

Personal Information

Positions(s) Applied For: _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

Email address: _____

Other Names Previously Used:

Last Name First Name Middle Name

Last Name First Name Middle Name

Emergency Contact(s): _____ (____) _____
Name Relationship Phone

(____) _____

References (Do not include relatives)

Please complete all six references (three professional/three personal). Your application will not be considered unless six references are provided. Since we will contact these references, please notify them in advance. **Leave this section blank if you have a resume that includes references.**

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1.	H () W ()	AM / PM AM / PM		
2.	H () W ()	AM / PM AM / PM		
3.	H () W ()	AM / PM AM / PM		
4.	H () W ()	AM / PM AM / PM		
5.	H () W ()	AM / PM AM / PM		
6.	H () W ()	AM / PM AM / PM		

Certification and Release: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT.

APPLICANT SIGNATURE

DATE