

Oikos Home Care LLC

(203) 964-0642

www.oikoshomecare.com

EMPLOYMENT APPLICATION

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with Oikos Home Care, a non-medical home care company headquartered in Stratford, CT. This is not an employment contract. Please answer all appropriate questions completely and accurately. False, misleading or incomplete 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 fairly and equally throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. We may require testing for the presence of illegal drugs in your body prior to employment.

PERSONAL INFORMATION

Today's Date: _____

Position(s) Applied For: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

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

Cell Phone:(____) _____ Email: _____

Driver's License #/Exp. Date/State of Issue: _____

Do you have a car? Yes () No (), Plate #: _____ Car Insurance? Yes () No ()

Other Names or Social Security Numbers (SSN) Previously Used:

Last First Middle SSN

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

Have you been convicted of any crime in the last seven years? Yes () No ()

Are you eligible to work in the United States? Yes () No ()

What date are you available to begin work? _____ (Month/Year)

Days Available: Sun () Mon () Tue () Wed () Thurs () Fri () Sat ()

Total hours available: _____ Hours available: From _____ To _____

Are you willing to provide service to a client with a pet? Yes () No ()

If yes, which ones: ___ Cats ___ Dogs ___ ANY

Are you willing to provide service to a client who smokes? Yes () No ()

EDUCATION

Please circle highest grade completed:

Grade School: 6 7 8

High School: 9 10 11 12

College: 13 14 15 16 16+

WORK HISTORY

MOST RECENT EMPLOYER: _____

Include: Name Phone Number Dates of Employment

Are you currently working for this employer? Yes () No ()

If yes, may we contact? Yes () No ()

SECOND MOST RECENT EMPLOYER:

Include: Name Phone Number Dates of Employment

PERSONAL REFERENCES (Do not include relatives)

Please complete all two references (include full name, phone number, relationship and number of years)

known). Your application will not be considered unless two references are provided. Since we will contact these references, please notify them in advance.

Reference #1

Reference #2

CERTIFICATION AND RELEASE: (Please initial each line and sign/date bottom)

_____ I certify 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 are made in good faith. I understand that any false information, omissions or misrepresentations of facts in this application may result in disqualification and dismissal and to such other penalties as may be prescribed by law or employment agency policy and procedure.

_____ 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 understand the use of illegal drugs is prohibited during my employment. If the company policy requires, 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. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND OIKOS HOME CARE, LLC, IS TERMINABLE AT-WILL, SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

APPLICANT SIGNATURE

DATE