

Provident Life Inc

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last
First
M.I.

Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____ Desired Position: _____

Shift hours desired? _____ Desired Salary: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been substantiated for abuse? YES NO If yes, explain? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree/Certification: _____

References

Please list three professional references.

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?
(please list name and phone number below) Yes No

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?
(please list name and phone number below) Yes No

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?
(please list name and phone number below) Yes No

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Screening Questions

How long do you foresee working with us? 6-months 12-months 18-months Other: _____

Please list any Days/Time you cannot work:

Mon: _____ Fri: _____

Tues: _____ Sat: _____

Wed: _____ Sun: _____

Thurs: _____ Other: _____

Are you willing to participate in a rotating on-call schedule? YES NO

Do you have a current and valid Driver's License? YES NO

Do you have experience working with the program Therap? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature : _____ Date : _____