CASSIA TREE

Application for Employment

Name (Last, First and Middle Initial) _____ Maiden/Other _____

Street Address _____ City _____ State _____ Zip _____

E-mail Address _____ Social Security Number _____

Date of Birth _____ Driver's License _____ State _____ Expiration Date _____

Home Phone # _____ Alternate Phone # _____ Cell Phone # _____ Preferred call time _____

Date Available: _____ Shift Preferred: Day Night

Type of position applying for (check all that applies): RN CNA PCA HR ADMIN

Do you speak any languages other than English? Yes No If yes, Please list _____

How were you referred to us? Advertising Internet site Friend / Associate _____

Other _____

Are you able to perform the basic functions of the position for which you are applying without any restrictions? Yes No If no, Please explain _____

_____

Please use the space below to let us know your preferences in terms of Location, Commute, Restrictions, Pay, etc.

_____

_____

Emergency Contact Information

We would like to have the names of two (2) contacts that we could call in the case of emergency.

Primary Contact: _____ Relationship: _____
Address: _____ Contact No.: _____

Secondary Contact: _____ Relationship: _____
Address: _____ Contact No.: _____

Employment History (Please list in order, most recent first and explain gaps in employment if any)

Date Employed: From: _____ To: _____ Business Phone: _____
Employer's Name: _____ May We Contact? Yes No
Position Held: _____ Full Time Part Time
Address: _____ City and State: _____
_____ Pay / HR: _____
Reason for leaving: _____ Immediate Supervisor: _____
_____

Date Employed: From: _____ To: _____ Business Phone: _____
Employer's Name: _____ May We Contact? Yes No
Position Held: _____ Full Time Part Time
Address: _____ City and State: _____
_____ Pay / HR: _____
Reason for leaving: _____ Immediate Supervisor: _____
_____

Date Employed: From: _____ To: _____ Business Phone: _____
Employer's Name: _____ May We Contact? Yes No
Position Held: _____ Full Time Part Time
Address: _____ City and State: _____
_____ Pay / HR: _____
Reason for leaving: _____ Supervisor: _____

Date Employed: From: _____ To: _____ Business Phone: _____

Employer's Name: _____ May We Contact? Yes No

Position Held: _____ Full Time Part Time

Address: _____ City and State: _____

_____ Pay / HR: _____

Reason for leaving: _____ Supervisor: _____

_____

Education

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

_____

References (Professional Only)

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

Background Check Consent

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____

Personal Data Form

Position Applied For: _____

PERSONAL INFORMATION

Name: _____

Preferred First Name: _____ Email Address: _____

Mailing Address: _____

City/State/Zip: _____ Country: _____

Permanent address (if different from above): _____

Phone: (H)_____ (W) _____ (C)_____

Date of Birth: _____ Race: _____ Gender: M ( ) F ( )

Current Occupation: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain. _____

PROGRAM INFORMATION

Please list any languages that you speak, not including English: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Employee Emergency Contact Form

Name: _____ Job/Title: _____

Cell Phone: _____ *Home Phone:* _____

Email: _____

Home Address: _____

City, State, and Zip Code: _____

IN CASE OF EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ *Work/Home Phone:* _____

Would you like us to share relevant medical information with this person in case of a medical emergency? Yes No

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Work /Home Phone: _____

Would you like us to share relevant medical information with this person in *case of a medical emergency? Yes No*

Signature: _____ Date: _____

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Cassia Tree Home Care & Sitter's Services, Inc.

Type of Transportation you have / will use for home visits: _____

Do you have any allergies that would affect your work at CTHCSS? ☐ No. ☐ Yes.
If yes, please list here: _____

Do you have a problem working with a client who smokes? ☐ No. ☐ Yes

Do you have a problem working with a client with pets? ☐ No. ☐ Yes

How many hours are you willing to work per week? _____

Preferred Counties willing to work (circle those that apply):

Carroll, Clayton, Cobb, Dekalb, Douglas, Fulton & Paulding

Please Check (X) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Initials: _____

CASSIA TREE HOME CARE & SITTER'S SERVICES, INC
12461 VETERANS MEMORIAL HWY STE 787
DOUGLASVILLE, GA 30134

NAME: _____ Date: _____

- Tell me something about yourself?
- How did you hear about this position?
- Why did you decide to apply for this position?
- What is your greatest strength?
- What are your weaknesses?
- What do you know about this company/organization?

Cassia Tree Home Care & Sitter's Service provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Thank you for completing this application form

and your interest in our business.