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(864) 934-5600



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Employment Application for C3 Caregiver

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE APPLICANT/CAREGIVER AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

Date: _____

Contact Information

Name (First, Middle, Last): _____

Maiden Name: _____ Other Former Last Name(s): _____

Mailing Address: _____ City/State/Zip _____

Street Address: _____ Email: _____

Home Phone: _____ Cell: _____ Additional Phone: _____

Other Personal Information

Do you possess a valid driver's license? Yes No

If yes, provide state and number: _____ Expiration date: _____

Can you, after employment, submit proof of your legal right to work in the United States? Yes No

Date of birth: _____

What type of position will you accept? Full-time Part-Time

What schedule are you willing to work? Day Evening Night Rotating Weekends On Call (as needed)

Education

High School Name: _____ Location: _____ Year: _____

Diploma GED Other (specify) _____

Undergraduate College/University: _____ Degree attained: _____ Year: _____

Graduate: _____ Degree attained: _____ Year: _____

Additional Information

Certifications and Licenses: _____

Additional skills: _____

Work History

Describe your work experience in detail, beginning with your current or most recent job. Include military service, if applicable. Resume may be attached but not substituted for completing this section.

1. **Employer:** _____ Job Title _____ Start Date _____ End Date _____

Employer Address (Street, City, State, Zip): _____ Phone Number _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Starting Salary: _____ Ending Salary: _____ Number supervised: _____

Job Duties: _____

May we contact this employer? Yes No Reason for leaving: _____

2. **Employer:** _____ Job Title _____ Start Date _____ End Date _____

Employer Address (Street, City, State, Zip): _____ Phone Number _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Starting Salary: _____ Ending Salary: _____ Number supervised: _____

Job Duties: _____

May we contact this employer? Yes No Reason for leaving: _____

3. **Employer:** _____ Job Title _____ Start Date _____ End Date _____

Employer Address (Street, City, State, Zip): _____ Phone Number _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Starting Salary: _____ Ending Salary: _____ Number supervised: _____

Job Duties: _____

May we contact this employer? Yes No Reason for leaving: _____

4. **Employer:** _____ Job Title _____ Start Date _____ End Date _____

Employer Address (Street, City, State, Zip): _____ Phone Number _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Starting Salary: _____ Ending Salary: _____ Number supervised: _____

Job Duties: _____

May we contact this employer? Yes No Reason for leaving: _____

Attach additional pages as needed to show complete employment history.

Please carefully read the following information

In addition to evaluating you for the position for which you are applying, the following information will help us assess more fully your suitability for placement as a C3 caregiver.

Have you ever been convicted of a criminal offense? Yes No

If yes, please list all charge(s) _____

Where convicted: _____ Date: _____ Disposition/Status: _____

Have you ever been terminated or forced to resign from a job? Yes No

If yes, please provide details: _____ Date of Termination/ Resignation: _____

Name of Employer: _____ Address: _____

Name of Supervisor: _____ Reason for Termination/ Resignation: _____

Can you perform the essential functions of a C3 caregiver? Yes No

If no, please explain: _____

When would you be available to begin work? _____

Have you ever done any volunteer work? Yes No Where? _____

Do you belong to any professional, trade, business or civic organizations that can enhance your ability to work with the elderly? Yes No

If yes, which? _____

Have you completed any special courses, seminars and/or training that enable you to work with the elderly? Yes No

If yes, please list: _____

References

Give the name, address, phone number and email of at least two people, (not relatives), who are familiar with your work. One reference **must** be a former or current employer.

Name: _____ Email: _____

Address (City, State, Zip): _____ Phone: _____

Name: _____ Email: _____

Address (City, State, Zip): _____ Phone: _____

Name: _____ Email: _____

Address (City, State, Zip): _____ Phone: _____

IMPORTANT: Please read and sign.

Certification and Acknowledgment Statement

I hereby certify that I have a genuine interest in being hired and that all of the foregoing statements are true and correct. I agree to assume a continuing responsibility to disclose additional or new information called for by this employment application, but known to me only after this application was completed, and understand that my failure to make such a disclosure, and that falsification of any of the information given herein, or on any employment form or in any interview, are grounds for immediate termination, regardless of when such failure or falsification may be discovered.

I understand that C3 Elder Connections (C3) requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become a caregiver. Therefore, I authorize C3 to investigate my past employment, educational credentials and other matters contained in my application. I agree to cooperate in such investigations and to release all parties from all liability or responsibility with respect to the information supplied.

I understand that any employment with C3 would not be for any fixed period of time and that, if employed, I may resign at any time for any reason and that C3 may terminate my employment at any time for any reason. I further acknowledge my understanding that statements which may be contained in policies, handbooks, and other C3 materials do not create any guarantees of employment nor contractual rights, and that such policies may be changed at any time, with or without notice. I further acknowledge that no supervisor, manager, executive or any other employee or agent of C3 has the authority to alter the above, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the Executive Director.

I further understand that any offer of employment may be contingent upon a medical evaluation that I am able to perform the essential functions of the job, with or without reasonable accommodation.

I understand that C3 strictly prohibits Caregiver involvement with illegal drugs and/or alcohol abuse and, if employed, any involvement on my part may result in discipline up to and including my discharge. I understand that, as part of this application process, I may be required to pass a test for the illegal use of drugs. Accordingly, if offered employment, and at such other times as C3 may require, I consent to taking a medical examination or tests, including for the use of illegal drugs or alcohol abuse.

I understand this application will be considered current for 60 days, and that a new application may be required for further consideration after 60 days.

I acknowledge that I have read and understand the above statement.

Signature: _____ Date: _____