

If yes, for what, when and where: _____
 (Conviction of a criminal offense will not necessarily preclude your employment)

Employment History

Instructions: If you have a resume please attach it to this application and indicate salary/wage ranges next to each position held.

Present and Former Employers	Dates	Salary	Position and Duties
Name: _____ Address: _____ City/State/Zip _____ Supervisor _____ Phone Number _____	From _____ To _____	Starting _____ Ending _____	
Name: _____ Address: _____ City/State/Zip _____ Supervisor _____ Phone Number _____	From _____ To _____	Starting _____ Ending _____	
Name: _____ Address: _____ City/State/Zip _____ Supervisor _____ Phone Number _____	From _____ To _____	Starting _____ Ending _____	
Name: _____ Address: _____ City/State/Zip _____ Supervisor _____ Phone Number _____	From _____ To _____	Starting _____ Ending _____	
Name: _____ Address: _____ City/State/Zip _____ Supervisor _____ Phone Number _____	From _____ To _____	Starting _____ Ending _____	

If your former employment references, education or military services are under a name other than indicated on the front of the application, please indicate below:

 Last First Middle Initial

References & Additional Information

Please use this space to give us further information that will assist us in placing you; including at least three **professional** references (include their phone number)

Do you speak any other language(s) in addition to English: _____

Military Service

Were you in the Armed Forces? Yes No

If yes, what branch? _____

Dates of Duty: _____

Rank at Discharge: _____

Conflict of Interest

Do you, or does any immediate family members have a financial interest in an organization affiliated with or doing business with BriKat Enterprises LLC, DBA Anita's Gardens? Yes No

If yes, please give details _____

Authorization & Signature

This organization does not discriminate in hiring or any other decision on the bases of race, color, gender, sexual preference, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this organization the right to make a thorough investigation of my past employment and activities, I agree to cooperate in the investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to a driving record check if applicable to the position and a criminal background check and or drug test as required by either policy or State law for direct patient care personnel. I consent to take the physical examination, and all future physical essential duties I would be required to perform.

I understand my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If I accept employment, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature (Print and sign)

Date

Please continue on to following pages and complete the Background Information Disclosure and also read through the Caregiver Job Description and sign accepting the duties listed.