



**COMFORT ZONE HOME CARE, LLC**  
**APPLICATION for EMPLOYMENT**

An Equal Opportunity Employer.  
 Reasonable accommodation will be provided as required by law.

PERSONAL DATA					
<b>NAME</b>	<b>LAST</b>	<b>FIRST</b>	<b>MI</b>	<b>DATE</b>	<b>Social Security Number:</b>
<b>PRESENT ADDRESS (STREET, CITY, STATE, ZIP)</b>				<b>HOME PHONE:</b>	
				<b>EMAIL:</b>	
<b>MALE</b> <input type="checkbox"/>		<b>FEMALE</b> <input type="checkbox"/>		<b>WANT LIVE-IN CARE - YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
<b>VEHICLE (YEAR, MAKE)</b>		<b>DRIVER'S LICENSE - YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		<b>Date of Birth</b>	
<b>If hired, can you provide evidence of legal eligibility to work in the U.S.?</b>			<b>Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization. Where appropriate and permitted or required by state or federal law, a criminal background check and/or drug test may be required prior to employment.</b>		

<b>What languages can you speak?</b>	<b>Position applying for: CNA/HHA    PCA    Homemaker</b> ( circle one )
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PLACEMENT INFORMATION						
<b>DATE AVAILABLE</b>		<b>IDEAL NUMBER OF HOURS PER WEEK</b>			<b>Are you available for overnight shifts?</b>	
<b>HOURS AVAILABLE TO WORK</b>						
<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>

EDUCATION				
LIST SCHOOLS / COLLEGES ATTENDED AND ANY RELATED CLASSES (including High School)				
NAME OF SCHOOL	LOCATION	SUBJECT	DEGREE	YEARS

REFERENCES (2 of the 3 must be professional references)			
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS

<b>EMPLOYMENT HISTORY</b>		
List names of employers with present or last employer listed first.		
<b>PRESENT/LAST EMPLOYER</b>	TELEPHONE NUMBER (    )	SUPERVISOR'S NAME MAY WE CONTACT?   Y   N
ADDRESS	POSITION TITLE	CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES	DATES EMPLOYED ____/____ TO ____/____ MO   YR        MO   YR	REASON FOR LEAVING
<b>FIRST PREVIOUS EMPLOYER</b>	TELEPHONE NUMBER (    )	SUPERVISOR'S NAME MAY WE CONTACT?   Y   N
ADDRESS	POSITION TITLE	CURRENT OR END SALARY/WAGE
<i>SUMMARY OF DUTIES</i>	DATES EMPLOYED ____/____ TO ____/____ MO   YR        MO   YR	REASON FOR LEAVING
<b>NEXT PREVIOUS EMPLOYER</b>	TELEPHONE NUMBER (    )	SUPERVISOR'S NAME MAY WE CONTACT?   Y   N
ADDRESS	POSITION TITLE	CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES	DATES EMPLOYED ____/____ TO ____/____ MO   YR        MO   YR	REASON FOR LEAVING

<b>EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS</b>
<b>DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION</b>

<b>HAVE YOU HAD A TB TEST IN THE LAST YEAR?</b> (need to bring proof of testing to interview)	Yes    No	<b>TESTED POSITIVE / NEGATIVE</b>
<b>HAVE YOU EVER BEEN CONVICTED OF A CRIME?</b>	Yes    No	<b>IF YES, PLEASE EXPLAIN THE CRIME AND DATE CONVICTED?</b>
<b>DO YOU HAVE A CLEAN DRIVING RECORD?</b>	Yes    No	<b>IF NO, PLEASE EXPLAIN?</b>

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, driving record, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Comfort Zone Home Care, LLC, any employment relationship with Comfort Zone Home Care, LLC will be "employment at will." This means that I may resign at any time and you, the Employer, may discharge me at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date:

**Please mail this form to:**

Comfort Zone Home Care, LLC  
P.O. Box 673  
Hudson, MA 01749  
Attn: Job Opportunities

**Alternatively you can fax the form to:  
(508) 872-1106**

**Please attach any resumes, references, or any other documents you feel may be helpful. Thank you.**