

Abram Care, LLC is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disabilities, or any other basis protected by State, Federal or local law.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY
CURRENT STREET ADDRESS	CITY	STATE	ZIP
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
HOME TELEPHONE NUMBER ()	CELL NUMBER ()	OTHER NAMES, if any, under which previous employment, references and education may be verified:	

Name Address and Phone # of Emergency Contact for Applicant:	Have you previously worked for Abram Care, LLC? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" state when and position:
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EMPLOYMENT INTERESTS

POSITION DESIRED	AVAILABLE TO START	WAGES DESIRED	How were you referred to our company?										
DAYS AND HOURS AVAILABLE													
MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

EMPLOYMENT HISTORY

Attach additional sheets if needed

From	To	Employer Name (present or most recent)	Telephone No. ()
Hourly Rate/Salary Start \$ per Final \$ per		Address	
Final Job Title		Summarize the Nature of Work Performed and Job Responsibilities:	
Immediate Supervisor Name and Title			
May we Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving			
From	To	Employer Name (present or most recent)	Telephone No. ()
Hourly Rate/Salary Start \$ per Final \$ per		Address	
Final Job Title		Summarize the Nature of Work Performed and Job Responsibilities:	
Immediate Supervisor Name and Title			
May we Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving			

If hired and necessary, do you object to working overtime? YES NO
Please account for any period of unemployment of 30 days or more during the past 7 years.

DATES	REASON(S)
DATES	REASON(S)

EDUCATIONAL HISTORY					
	SCHOOL NAME	LOCATION (City, State, Zip)	DEGREE/AREA OF STUDY	YEARS ATTENDED	GRADUATED?
High School					<input type="checkbox"/> YES <input type="checkbox"/> NO
College					<input type="checkbox"/> YES <input type="checkbox"/> NO
Graduate School					<input type="checkbox"/> YES <input type="checkbox"/> NO
Other					<input type="checkbox"/> YES <input type="checkbox"/> NO
SKILLS					
If applicable for position for which you are applying					
First Aide Certificate - Expiration Date				<input type="checkbox"/> YES <input type="checkbox"/> NO	
CPR Certificate - Expiration Date				<input type="checkbox"/> YES <input type="checkbox"/> NO	
CNA - Expiration Date				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HHA - Expiration Date				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any experience, training, and qualifications, special skills, accomplishments, awards or job-related information which you think make you suited for work at this company? (Explain)					
LEGAL					
If hired will you be able to furnish proof that you are legally authorized to work in the United States?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you under 18 years of age?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been involuntarily terminated or requested to resign?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a felony or misdemeanor?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>IMPORTANT: Do not answer "YES" to this question IF: (1) the record of this conviction has been judicially ordered sealed, expunged, or statutorily eradicated; or (2) the conviction relates to an offense for which you were referred to and participated in, any pre-trial or post trial diversion program; or (3) the conviction relates to a misdemeanor for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; or (4) the conviction relates to a marijuana-related misdemeanor that occurred more than two years ago.</p> <p>If "YES", please complete this information: Date: _____ County: _____ State: _____ Nature of Offense: _____</p> <p>A "YES" answer does not automatically disqualify an applicant for further consideration for employment. Please explain any "YES" answer fully so that individual circumstances can be considered.</p>					
REFERENCES					
Please give names of three persons not related to you who have specific knowledge of your work experience and who have known you for at least a year. Include two past or present supervisors.					
NAME	TELEPHONE NUMBER	ADDRESS	How does this person know you?		
NAME	TELEPHONE NUMBER	ADDRESS	How does this person know you?		
NAME	TELEPHONE NUMBER	ADDRESS	How does this person know you?		
Initial	I authorize the investigation of all statements contained in this application (and accompanying resume or other documentation, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s) and organizations named in this application (and accompanying resume or other documentation, if any) to provide Abram Care, LLC with records, information and opinion, personal or otherwise, that may be useful in making a hiring/contracting decision. I release all information from any liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to Abram Care, LLC.				

Initial	In consideration of employment/contracting, I agree to comply with rules, policies, procedures and standards of Abram Care, LLC. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment/contracting is at-will and can be terminated at-will, with or without cause, and with or without notice, at any time, either at my option or Abram Care, LLC option. I further agree that the terms of employment/contracting may be changed, except for my at-will status, including but not limited to demotion, promotion, transfer, compensation, benefits, duties and location of work at any time, for any reason, at the option of the Company. I further agree that the at-will nature of my employment/contracting with Abram Care, LLC can be modified only by written agreement signed by the President of Abram Care, LLC.
Initial	I understand that as a condition of employment/contracting, I may be required to take a post-offer physical examination which may include an alcohol and drug test. I further understand that at any time during my employment/contracting, I may be required to take a physical exam which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my assessments in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to Abram Care, LLC or to its agents, all medical information revealed during such examinations. I further authorize Abram Care, LLC to disclose such information to any other persons if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability which will affect my ability to take the test, I will inform Abram Care, LLC so that a reasonable accommodation can be made. Abram Care, LLC reserves the right to require medical documentation concerning the need for accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application and declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment and will be justification for my dismissal from employment, if discovered at a later date.
APPLICANT SIGNATURE	
DATE	

Interoffice Use:

References Checked

Contact Date	Type of Reference	Reference Source or Name	Results/Comments	Agency Rep Initial/Signature