



SIGNATURE LIFE CARE
— FOSTERING PRESTIGE —
INDEPENDENCE AND IMPROVING LIVES

Phone: 1 866 848 1041

Fax: 203 902 2132

EMPLOYMENT APPLICATION FORM

NOTE: Applicants may be tested for illegal drugs

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

| | | | |
|---|--|--|--|
| Personal Information | | Date: | |
| Name: | | | |
| Present Address: | | | |
| How long at this address? | | Social Security #: | |
| Home Phone: () | | Cell Phone: () | |
| Are you at least 18 years of age? | | Please indicate the days and times you are available for work: <input type="checkbox"/> No Preference | |
| Position applied for: | | Mon - From: To: Thurs - From: To: Tue - From: To: Fri - From: To: Wed - From: To: Sat - From: To: Sun - From: To: | |
| Salary range desired: | | | |
| How many hours can you work weekly? | | Are you available to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None | |
| Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None | | Would you consider live-in? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| In accordance with IRCA 1986 are you legally authorized to work in the US: <input type="checkbox"/> Yes <input type="checkbox"/> No | | When are you available to start work? | |
| Your Email Address: | | | |

Education Information:

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (City, State) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|------------------------|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Bus. Or Trade School | | | | |
| Professional School | | | | |

Have you ever been convicted of a felony?

☐ Yes ☐ No

If yes, explain number of conviction(s), nature of offence(s) leading to conviction(s), dates such offence(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation (A conviction will not necessarily result in the denial of employment. Signature Life Care conducts a thorough and complete background investigation of each applicant unless prohibited by state law.

Have you ever worked under a different name?

If YES, what was it and what was the reason?

☐ Yes ☐ No

Do you have any relatives or friends that work for the company?

If YES, what are their name(s)?

☐ Yes ☐ No



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Work Experience: Please list your work experience for the past 5 years beginning with your most recent job held. If you were self employed, give company name. Attached additional sheets if necessary.

| | | | |
|---|-------------------------|------------------|------------------|
| Name and address of employer: | Name of last supervisor | Employment dates | Pay or salary |
| | | From: To: | Start: Final: |
| Phone number: | Your last job title: | | |
| Reason for leaving (be specific): | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here: | | | |

May we contact your present employer? ☐ Yes ☐ No

| | | | |
|---|-------------------------|------------------|------------------|
| Name and address of employer: | Name of last supervisor | Employment dates | Pay or salary |
| | | From: To: | Start: Final: |
| Phone number: | Your last job title: | | |
| Reason for leaving (be specific): | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here: | | | |

Skill Information

| | | | |
|---|----------------------------|----------------------------|---|
| How would you rate yourself on your experience with the following aspects of caregiving? | | | |
| 1 = No Experience 2 = Some Experience 3 = Good Experience 4 = Excellent Experience | | | |
| Companionship | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Meal Preparation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Light Housekeeping | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Bathing / Showering | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Dressing / Grooming | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Transferring | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Incontinence Care | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Dementia / Alzheimer's Care | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Comments | | | |



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Driving information for driving jobs only, do not complete if will not be driving for work

| | |
|--|--|
| <p>Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Do you have active auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>If your position requires driving an automobile, do you have access to one for your shift?</p> <p>Have you had your license revoked in the last 3 years? If yes, explain:</p> | |

Reference Information

| | |
|--|---|
| <p>Please list two references <i>OTHER THAN</i> relatives or previous employers (i.e. people you've helped in the past, friends, co-workers etc.)</p> | |
| <p>Name: _____</p> <p>Relation: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: () _____</p> | <p>Name: _____</p> <p>Relation: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: () _____</p> |
| <p>An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications to be a caregiver. Please note any experience with caregiving professionally, for your parents, spouse, children of friends. Use additional sheets if necessary.</p> | |
| | |
| <p>Why do you enjoy caregiving?</p> | |
| | |

Military Information

| | |
|---|--|
| <p>Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Specialty: _____</p> | <p>Are you a member of the armed guard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Discharge Date: _____</p> <p>Date Obligation Ends: _____</p> |
|---|--|



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DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

Company Name: _____

In connection with your application and/or employment with above listed company (hereinafter "Company") this notice is provided to inform you what a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting Act (15 U.S.C. §§ 1681-1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The reports may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, social security verification, workers compensation claims (post job offer or conditional job offer), verification of education or employment history or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after the receipt of this notice to request disclosure of the measure and scope of any investigative consumer report to us. The scope of this notice and authorizations is not limited to the present and if you are not hired, will continue and allow company to conduct future background screenings for promotion or assignment, unless revoked by you in writing. Company also reserves the right to where your report with any third party for whom you will be placed to work with a representative of Company.

Acknowledgement and Authorization

By signing below, you acknowledge receipt of a copy of the summary of your rights under fair credit reporting act and certify that you have read this notice and authorization as well as the summary and document.

You hereby authorize the obtaining of a consumer report and/or investigative consumer at any time after receipt of this authorization by company, and if you are hired throughout your employment as permitted by law. You also confirm your understanding and provide consent for this report to be shared by third party for whom you may be placed to work as a representative of company, if applicable.

Signature:

Today's Date:

Print Full Legal Name:

Other or Former Names (please print)

Address:

City/State:

County

Zip

Date of Birth:

SSN#

Name on Driver's License (if different from legal name)

Driver license#

State Issue

Phone Number:

Email Address:

This information will be used for background screening only and no other purposes.



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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Signature Life Care (hereinafter called "the company". I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personal manuals, benefit plans, policy statements, and the like as they may exist from time to time, or any other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of The Company, or otherwise to change in any respect the employment at will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the president/CEO of The Company. Both the undersigned and The Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I also understand that (1) The Company conducts a thorough background investigation to include but not limited to medical, physical, drug/alcohol screening and driving records that may be required by Signature Life Care as a condition of employment. In consideration of Signature Life Care review of this application, I further understand I may be required to successfully pass a random drug/alcohol screen at any time for reasonable suspicion. I release Signature Life Care and all providers of information from liability as a result of furnishing and receiving such information (this does not waive my right to file a charge, testify, assist or participate in an investigation, hearing or proceedings under Title VII, the Age Discrimination in Employment Act, The Equal Pay Act or The Americans with Disabilities Act. Signature Life Care will perform these background investigations according to non-dissimilatory criteria.

I further understand that my employment with The Company shall be "at-will" and this does not create an employment agreement nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employer and my employment may be terminated at any time, with or without notice.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give The Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release The Company from any liability as a result of such contract.

Signature of applicant:

Date:

Print name:

Signature Life Care is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, marital status, citizenship, age or disability. We assure you that your opportunity from employment with this company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Please return this application to our office at your earliest convenience

177W Putnam Ave, Greenwich, CT 06830



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CRIMINAL BACKGROUND CHECK

CRIMINAL BACKGROUND CHECK (Applicant is to complete top portion only)

Name: _____

Date: _____

Address: _____

City/State: _____

Zip: _____

Number of years at that address: _____

Social Security Number: _____

Date of Birth: _____

I hereby give my permission to SIGNATURE LIFE CARE to view my police record check in reference to my application for contracting with them.

Applicant's Signature

Police Department Verification:

Officer Signature/Seal

Badge Number

Date