



BARYEH HOMECARE SOLUTIONS LLC

Employment Application/Background Check Form

Attach your resume to this job application.

Name: _____

Present Address: _____

Permanent address: _____

Home Phone: _____ Work Phone: _____ Social Security number: _____

Person to contact in an emergency: _____ Phone: _____

Driver's License number: _____

Make of car: _____ Year: _____ License no. (car): _____

Job Objective: _____ Date you can start: _____

Desired salary: _____

Other job interests: _____

Willing to relocate? _____ Area preferences: _____

Education	Name and location of school	Years attended	Degree	Program: major/minor
High School				
College				
Certificates				
Other				

Years of Technical and Administrative Experience

1. Microsoft Word ___ yrs - Basic/Intermediate/Advanced
2. Excel ___ yrs - Basic/Intermediate/Advanced
3. PowerPoint ___ yrs - Basic/Intermediate/Advanced
4. Outlook/Email ___ yrs - Basic/Intermediate/Advanced
5. Internet ___ yrs - Basic/Intermediate/Advanced
6. Type ___ WPM
7. Filing ___ yrs / Answering Phones ___ yrs / Setting Meetings ___ yrs

Honors, achievements, extracurricular activities, hobbies, or interests



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Employment Record going back five (5) years (in reverse chronological order)

Dates of Employment	Names and address of organization	Title or position	Duties and responsibilities	Name of supervisor	Reason for leaving

Professional, union, social memberships

Military Service	Branch of Service	Date of Entrance	Date of Discharge	Rank

Military assignments/Occupational specialty:

Explain any special circumstances:

Explain any personal responsibilities or health problems that might prevent you from coming to work such as defects in hearing, vision, or speech.

Please provide us with three professional business references.

Reference Names	Address	Phone Number	Relationship



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REQUIRED INFORMATION (Please answer each of the following questions and print clearly.)

Last Name		First Name		Middle Name	
Other Names You have Used		Social Security		Date of Birth	
Place of Birth	Sex	Height	Weight	Hair Color	Eye Color
Home Telephone		Business Telephone		Email	
Current Address (if less than two years, please write residence from 0-2 years)					
Previous Address					

1. Have you ever filed for bankruptcy? Yes / No
2. Have you EVER been convicted of a felony or misdemeanor which resulted in imprisonment or probation? Yes / No
3. If yes, please explain. _____

4. **I have shown by credible evidence (e.g. a court or jury, a department investigation or other reliable evidence) to have not abused, neglected, sexually assaulted, exploited or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?** Yes / No If yes, please state name(s) and conviction charges under that name(s).

5. **Do you have documentation of TB testing with negative results?** Yes / No
If no, please explain. _____

CERTIFICATION AND AUTHORIZATION

I certify that the information contained on this form is true, correct, and complete to the best of my knowledge. I understand that in signing this form, I hereby authorize Bridge to Adulthood, LLC - that I have requested appointment with - to investigate my background, including my credit history and interviews with former or current employers. I agree that if any of my answers to the questions on this form change, I will notify, in writing, within 10 business days of the incident which would cause an answer change. I understand that falsification of information or failure to update the answer on this application may result in termination of appointment.

Print Name

Signature

Date