

APPLICATION

COMFORTING ASSISTANCE

P.O. Box 866, Three Rivers, CA 93271 • 559-936-3054

Comforting Assistance is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Employment Position

Position(s) applying for: CNA / Caregiver circle one (a license is not required)

How did you hear about this position?	
What days are you available for work?	Su Mo Tu We Th Fr Sa
What hours or shift are you available for work?	
If needed, are you available to work overtime?	
On what date can you start working if you are hired?	
Do you have reliable transportation to and from work and can show proof of current insurance?	
Salary desired:	

Personal Information

Have you ever applied to or worked for Comforting Assistance before? Yes No

If yes, when?

Do you have any friends, relatives, or acquaintances working for Comforting Assistance? Yes No

If yes, state name & relationship:

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

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References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

This position, depending on the clients, may require assistance with meals and housekeeping. Are you able and willing to assist in these activities?

This position may or may not require a basic skills test. Are you able and willing to participate in a basic skills quiz and/or test?

AT-WILL EMPLOYMENT

The relationship between you and the Comforting Assistance is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Comforting Assistance. No representative of Comforting Assistance has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and a representative of this company.

Applicant Signature _____

Date _____