



## EXCELL ADULT DAY CARE CENTER APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Name (Last Name, First Name)		Social Security Number
Address	City, State	Zip
Phone Number	Alternate Phone Number	Birthday

### DESIRED EMPLOYMENT

Position	Start Date	Salary Desired
_____	_____	_____

Currently Employed?      May we contact current employer ?

Yes     No      \_\_\_\_\_

Ever worked for Excell?      If so, when?

Yes     No      \_\_\_\_\_

List days/hours available to work

Sunday	Monday	Tuesday	Wednesday
_____	_____	_____	_____
Thursday	Friday	Saturday	
_____	_____	_____	

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School					
College					
Trade/Business					
Professional					



EXCELL ADULT DAY CARE CENTER  
APPLICATION FOR EMPLOYMENT  
PAGE 2/3

**WORK HISTORY**

**Employer #1**

Name and Address		Employment Date	Pay Rate
		From _____ To _____	_____
Job Title	Supervisor Name	Phone Number	May we contact?
_____	_____	_____	_____
Description of work _____			
_____			
Reason for leaving _____			
_____			

**Employer #2**

Name and Address		Employment Date	Pay Rate
		From _____ To _____	_____
Job Title	Supervisor Name	Phone Number	May we contact?
_____	_____	_____	_____
Description of work _____			
_____			
Reason for leaving _____			
_____			

**Employer #3**

Name and Address		Employment Date	Pay Rate
		From _____ To _____	_____
Job Title	Supervisor Name	Phone Number	May we contact?
_____	_____	_____	_____
Description of work _____			
_____			
Reason for leaving _____			
_____			



EXCELL ADULT DAY CARE CENTER  
APPLICATION FOR EMPLOYMENT  
PAGE 3/3

**GENERAL INFORMATION**

Do you have a driver's license?

Driver's License  
Number:

State of issue

Expiration date

Yes  No

Have you had any accidents during the past three years? How many?

Yes  No

Have you had any moving violations during the past three years? How many?

Yes  No

Have you been convicted of a crime?

If yes, explain number of conviction(s), nature of offense(s) leading to conviction (s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Yes  No

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature

Date



# EXCELL ADULT DAY CARE CENTER EMPLOYEE REFERENCE FORM

I, \_\_\_\_\_, SOCIAL SECURITY NUMBER \_\_\_\_\_  
HAVE APPLIED FOR EMPLOYMENT WITH EXCELL ADULT DAY CARE CENTER. I AUTHORIZE THEM TO COLLECT ANY INFORMATION CONCERNING MY QUALIFICATIONS AND PAST PERFORMANCE. FURTHER, I HEREBY RELEASE THE COMPANY OR PERSON COMPLETING THIS FORM FROM ANY AND ALL LIABILITY IN SUPPLYING THE REQUESTED INFORMATION.

\_\_\_\_\_  
(SIGNATURE) (DATE)

## REFERENCE INFORMATION

NAME OF APPLICANT: \_\_\_\_\_  
SS#: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT REFERENCE (APPLICANT: DO NOT WRITE BELOW THIS LINE.)

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
WOULD YOU REHIRE?  YES  NO IF NO, WHY NOT? \_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK THE APPROPRIATE RATING:

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
QUALITY OF WORK			
DEPENDABILITY			
COOPERATION			

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE) (TITLE) (DATE)

## CHARACTER REFERENCE

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_  
PLEASE COMMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE) (RELATIONSHIP TO APPLICANT) (DATE)



# EXCELL ADULT DAY CARE CENTER EMPLOYEE REFERENCE FORM

I, \_\_\_\_\_, SOCIAL SECURITY NUMBER \_\_\_\_\_  
HAVE APPLIED FOR EMPLOYMENT WITH EXCELL ADULT DAY CARE CENTER. I AUTHORIZE THEM TO COLLECT ANY INFORMATION CONCERNING MY QUALIFICATIONS AND PAST PERFORMANCE. FURTHER, I HEREBY RELEASE THE COMPANY OR PERSON COMPLETING THIS FORM FROM ANY AND ALL LIABILITY IN SUPPLYING THE REQUESTED INFORMATION.

\_\_\_\_\_  
(SIGNATURE) (DATE)

## REFERENCE INFORMATION

NAME OF APPLICANT: \_\_\_\_\_  
SS#: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT REFERENCE (APPLICANT: DO NOT WRITE BELOW THIS LINE.)

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
WOULD YOU REHIRE?  YES  NO IF NO, WHY NOT? \_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK THE APPROPRIATE RATING:

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
QUALITY OF WORK			
DEPENDABILITY			
COOPERATION			

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE) (TITLE) (DATE)

## CHARACTER REFERENCE

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_  
PLEASE COMMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE) (RELATIONSHIP TO APPLICANT) (DATE)