



(856) 344-7982
Fax: (856) 344-7984
614 S. White Horse Pike
Somerdale, NJ 08083

Employment Application

Applicant Information

Date

Social Security Number

Date of Birth

Name

First Name

Last Name

Address

Address 1

Address 2

City

State

Zip Code

Home Phone #

Work Phone #

Mobile Phone #

Email

Maiden Name

Previous Married Name

Current School or Employer

Applying for Full/Part Time

Nearest Relative or Friend

First Name

Last Name

Address

Address 1

Address 2

City

State

Zip Code

Phone #

How did you hear about Serenity?

Who do you know that is a current or previous employee of Serenity?

Job Preference: Check only the areas in which you have experience

Child Care

Elder Care

If Childcare, what age preference:

Please Check Yes or No and provide explanations where applicable:

Live-In Only

Yes No

Live-Out Only

Yes No

Can you swim?

Yes No

Do you smoke?

Yes No

If yes, how much per day

Do you have a vehicle?

Yes No

If yes, what type?

Are you willing to work with dog(s) in the home?

Yes No

Are you willing to work with cat(s) in the home?

Yes No

Are you willing to work with other types of pets in the home?

Yes No

If no, please explain?

Educational Information

Check the last LEVEL of education that you have completed:

- Some High School High School
 GED College
 Post Graduate

High School: Did you graduate?

- Yes No

If no, what is the highest grade level you have completed?

- Yes No

School/University name:

Major:

Dates Attended (from - to):

Degree earned:

Employment History

All employment including childcare/companion care for the last 3 years, starting with your current or last job. Also, list volunteer or family experience with children or adults. You may not use family members as a reference.

Employment 1

Dates of Employment:

Start

Finish

Days worked & Hours per day:

- Sunday**
- Monday**
- Tuesday**
- Wednesday**
- Thursday**
- Friday**
- Saturday**

Company or family name:

Supervisor and Title:

First Name

Last Name

Address

Address 1

Address 2

City

State

Zip Code

Phone #

Email

Relationship to you (if any):

Number of children/adults cared for:

Job titles and duties:

Beginning Salary:

Ending Salary:

Reason for leaving this position:

Additional Comments:

Employment 2

Dates of Employment:

Start

Finish

Days worked & Hours per day:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Company or family name:

Supervisor and Title:

First Name

Last Name

Address

Address 1

Address 2

City

State

Zip Code

Phone #

Email

Relationship to you (if any):

Number of children/adults cared for:

Job titles and duties:

Beginning Salary:

Ending Salary:

Reason for leaving this position:

Additional Comments:

Employment 3

Dates of Employment:

Start

Finish

Days worked & Hours per day:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Company or family name:

Supervisor and Title:

First Name

Last Name

Address

Address 1

Address 2

City

State

Zip Code

Phone #

Email

Relationship to you (if any):

Number of children/adults cared for:

Job titles and duties:

Beginning Salary:

Ending Salary:

Reason for leaving this position:

Additional Comments:

Legal History

Do you have the legal right to work in the USA for any employers?

Yes

No

Since the age of eighteen, have you been convicted of a crime?

Yes

No

If you answered Yes, please explain:

***Note: A conviction will not necessarily bar you from being referred. Conviction will be judged on its own merits with respect to time, circumstance, and seriousness of offence.

Have you had any auto accidents within the last 5 years?

Yes No

If Yes, please explain:

Have you had any traffic violations within the last 5 years?

Yes No

If Yes, please explain:

Driver's License Number

State License is issued

Auto Insurance Company Information

Company Name

Address 1

Address 2

City

State

Zip Code

Personal References

****Personal References must not be the same business references and must not be related to you in anyway.****

Reference 1

Name

First Name

Last Name

Address

Address 1

Address 2

City

State

Zip Code

Home Phone #

Work Phone #

Mobile Phone #

Reference 2

Name

First Name

Last Name

Address

Address 1

Address 2

City

State

Zip Code

Home Phone #

Work Phone #

Mobile Phone #

Reference 3

Name

First Name

Last Name

Address

Address 1

Address 2

City

State

Zip Code

Home Phone #

Work Phone #

Mobile Phone #

How did you hear about Serenity

Caregiver

Client

Publication

Word of Mouth

Referred by:

I affirm that all information provided by me to “Serenity” is correct to the best of my knowledge.

Signature

Date

**Authorization for Release of Information
Background Check Disclosure**

As part of the employment process, Serenity Home Healthcare and Nursing Solutions, LLC. hereby known as (“the Company”) may obtain a consumer report and/or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release

During the application process and at any times during any subsequent employment, I hereby authorize U.S. Information Search on behalf of The Company to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. This report may include Criminal Records, Credit Reports, Driving Records, Past Employment or Education Verifications and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate Disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility from doing so. This authorization and consent shall be valid in original, fax or copy form.

Applicant/Employee Name

First Name

Last Name

Date

Date of Birth

Social Security Number

Driver's License Number

Address

Address 1

Address 2

City

State

Zip Code

California and Minnesota Applicants Only: Please check here to have a copy of your consumer report sent to you from USIS. Mail a copy of this request with this box checked off to U.S. Information Search, 15 North Mill Street, Nyack, NY 10960. Include in the envelope a copy of your Driver's License (for Identification) and a \$5.00 check or money order (for processing) and an address where you would like the report mailed to.

Yes

Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent to you from USIS free of charge. Mail a copy of this request with this box checked off to U.S. Information Search, 15 North Mill Street, Nyack, NY 10960. Include in the envelope a copy of your Driver's License (for Identification) and an address where you would like the report mailed to.

Yes

Do you have any experience in (provide additional comments below):

Attention Deficit Disorder

Yes

No

Physically Handicapped

Yes

No

Twins/Multiple Births

Yes No

Toilet Training

Yes No

Behavior Disorders

Yes No

Mentally Handicapped

Yes No

Mildly Ill Child

Yes No

24 Hour Live-In Care

Yes No

Learning Disabilities

Yes No

Care When Parent is at Home

Yes No

New Mother/baby care (0 to 6 weeks)

Yes No

Foreign Language

Yes No

Computer Skills

Yes No

Alzheimer's

- Yes No

Autism

- Yes No

Cerebral Palsy

- Yes No

Additional Comments:

Are you currently certified in (provide additional comments below):

Infant/Child CPR

- Yes No

Adult CPR

- Yes No

Community CPR

- Yes No

First Aid

- Yes No

CNA or HHA

- Yes No

Patient Care Courses

- Yes No

Teaching Certificate

Yes No

Child Care

Yes No

Additional Comments: