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EMPLOYMENT APPLICATION FORM

An Equal Opportunity Employer, and complies with all Federal, State and Local laws prohibiting discrimination in employment

MUST ATTACH A COPY OF CURRENT DRIVERS LICENSE OR STATE ID

Identification Information *(Please print)*

Date: _____ Social Security No.: _____

Date of Birth: _____ DL#: _____

Name: _____
Last First Middle Initial

Indicate any other names you have been known by: _____

Address: _____

Street Apt. No.

City State Zip

Phone No.: _____ E-mail Address: _____

How long have you lived at this address? _____

Previous addresses? _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Do you have a valid driver's license? Y N

Has your driver's license ever been suspended or revoked? Y N

Have you ever been convicted of a felony? Y N

Education (High School/College): _____

How did you learn of our company? _____

Type of Work Desired _____ Salary _____

Full-time Part-time As needed Temporary

Location Desired _____ Hours per day/week _____

Are you a CNA, a caregiver or other (if other, please specify)? _____

Work Schedule Availability (check all that apply):

Mornings Days Evenings Nights Weekends Holidays

Accept Overtime? Y N

Accept clients who smoke? Y N

Accept call-in substitution? Y N

Date available to start employment: _____

Skills and Qualification:

List any special training that you have completed that may qualify you in the position for which you are applying:

License and Certification Information:

List all applicable licenses or certifications that you have and their expiration dates below:

License/Certification

Date Issued

Exp. Date

License/Certification

Date Issued

Exp. Date

Employer/Professional References (list employment starting with the most recent/current)

Employment #1

Company Name: _____

Address _____

City, State, Zip _____

Phone _____

Starting job title: _____ Final job title: _____

Employment period dates _____ to _____

Type of work performed and job responsibilities: _____

Immediate supervisor and title: _____

Reason for leaving: _____

Employment #2

Company Name: _____

Address _____

City, State, Zip _____

Phone _____

Starting job title: _____ Final job title: _____

Employment period dates _____ to _____

Type of work performed and job responsibilities: _____

Immediate supervisor and title: _____

Reason for leaving: _____

Employment #3

Company Name: _____

Address _____

City, State, Zip _____

Phone _____

Starting job title: _____ Final job title: _____

Employment period dates _____ to _____

Type of work performed and job responsibilities: _____

Immediate supervisor and title: _____

Reason for leaving: _____

Personal References:

Name: _____

Address (City, State, Zip): _____

Phone: _____

Name: _____

Address (City, State, Zip): _____

Phone: _____

Name: _____

Address (City, State, Zip): _____

Phone: _____

PLEASE READ AND INITIAL ON EACH LINE

-I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. _____

-I further certify that I, the undersigned applicant, have personally completed this application or have authorized all information listed on the application. _____

-I hereby authorize the employer to thoroughly investigate my references, work record, education and any other matters related to my suitability for employment and, further, authorize my former employers to disclose any and all of my employment records. _____

-I understand that any information on this application or on any document used to secure employment found to be false, incomplete or misrepresented in any respect will be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____

-I certify I have not been excluded from or sanctioned by any governmental health care benefits program, including but not limited to Medicare, Medicaid, CAMPUS, or the federal retired railway workers benefit program. _____

-I understand and agree that changes in the job duties, responsibilities, work schedule, shifts, working conditions, etc. may occur during my employment. _____

-I authorize to have a criminal background check for employment purposes. _____

-I understand my employment offer is conditional pending the results of the background check. _____

-I understand if hired, I must prove that I am legally authorized to work in the United States. _____

-I authorize to have my driving record checked if the position for which I am applying requires driving. _____

-I release the employer and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process. _____

-I understand if hired my employment offer is conditional pending the results of a drug screening. _____

-This application is not nor is it intended to be a contract of employment and its terms may be change at any time. I understand all employees are considered employees at-will. An employee's employment can be terminated according to terms and conditions stated in employee contract and can occur at any time for any reason with or without cause or notice except as otherwise indicated by law. No manager supervisor or representative of the employer, other than the President, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

-I understand the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment in a basis prohibited by applicable local, state or federal law. _____

I attest to the validity and accuracy of the forgoing information. Permissions are granted to verify any and all information provided to Smile and Love, Incorporated regarding this application.

I certify under penalty of perjury that I am a citizen or national of the United States, or an alien lawfully admitted to permanent residence or an alien who is authorized by the Attorney General for employment in the United States.

I understand, if hired, I will be required to present documents for evidence of identity and employment authorization.

I understand I will be required to have TB Test done or show prove of current or up to date results

I understand I will be required to have Background Check and Fingerprinting

I understand I will be required to have 4 hour training periodically base on staff needs

Print Name

Sign Name

Date

