



**APPLICATION FOR EMPLOYMENT
 PERFECT SOLUTIONS FOR SENIORS, INC
 347 BUCKINGHAM PLACE
 PALM HARBOR, FL 34684
 (727) 900-1177**

We will not, directly or through contractual arrangements, discriminate on the basis of race, color or national origin in our admission or provision of services and benefits, including assignments or transfers or referrals to or from the department. Staff privileges are granted without regard to race, color or national origin.

PERSONAL			
Position applied for	Status F/T Part time	Salary desired	Date available to work if an offer is extended
Last Name	First Name	Middle Initial	Social Security Number
Number & Street Address	City	State & Zip Code	Home Telephone Number
			Alternate Telephone Number
Name of Next of Kin	Address	Home Telephone Number	Alternate Telephone Number
Are you a U.S. Citizen or authorized to work in the U.S.?	Are past educational, employment or other professional records in a different name? If so, what name? (needed only if pertains to past employment and license verification)		

EDUCATION						
	Name of School	City & State	Highest Year Completed	Grad Date	Degree	
High School						
College / Univ.						
Other						
Other						

EMPLOYMENT HISTORY List chronologically starting with current or most recent employer					
Employer Name Address Telephone	Position Duties	Dates Mo / Yr From - To	Supervisor	Reason for Leaving	May we contact?

PROFESSIONAL REGISTRATION(S) OR LICENSE(S) HELD IF APPLICABLE

Registration or License	Number	State

ADDITIONAL INFORMATION TO DESCRIBE QUALIFICATIONS & SPECIALTY AREAS (optional)

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OTHER LANGUAGE

Language	Read	Write	Speak

PROFESSIONAL OR OTHER MEMBERSHIPS, OFFICES HELD

You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability or other protected status

PERSONAL REFERENCES

NAME	PROFESSION / POSITION	TELEPHONE

"I certify that the facts documented by me on this application are true and complete to the best of my knowledge ". I understand and authorize that the information that I provided on this application be verified, which will include contacting my references and former employers. In addition, I will be asked to sign a separate release that allows the agency to obtain this information. I authorize the agency to investigate educational credentials and criminal background screening; I understand that employment shall be conditional upon satisfactory results of these investigations, possible drug testing and that any false, misleading or incomplete statements, omissions or misrepresentations made by me on this application shall be sufficient grounds for not hiring me or for immediate dismissal, if I am employed.

SIGNATURE OF APPLICANT

DATE