Caretech, Inc.
Personal Application
(Please type or print clearly; complete all of the application)

Last Name:	First:		MI:	
			State:	
Zip Code:SSN	V:	DOB:	Gender:	
Home Ph#				
Email:	Are you eligible to	work in the United S	tates?YesNo	
Have you ever been convicted	d of a criminal offense(s)	including Misdemes	anors, Felonies or	
Adult/Child Abuse conviction	Yes*	No		
During the past eight years, h offense, including but not lim  If "yes," please specify the r	ited to speeding, driving v	while intoxicated or re	eckless driving?	
Language(s) Spoken/Written: Any licenses or certifications				
Please list ALL education, income of High School, Colleg University, Trade School, Technical College, etc.		ng with the highest you egree or	ear completed.  Fraduate? Or Furrently Attending?	
PERSON Name	JAL REFERENCES (Plea Telephone /Email	nse do not include re Years Known	elatives)  Relationship	

## EMPLOYMENT HISTORY

Please list all employers. Begin with most recent or present.

<b>1.</b> Employer	Supervisor			
Address	City, State, Zip			
Position Title:	Phone No. (	)	Full-time  Part-time	
Dates of Employment: From	To	Salary: Star	ting Final	
Reason for Leaving:	May We Contact This Employer:			
Brief explanation of job duties: _				
2. Employer	Supervisor			
Address	City, State, Zip			
Position Title:	Phone No. (	)	Full-time  Part-time	
Dates of Employment: From	To	Salary: Star	ting Final	
Reason for Leaving:	May We Contact This Employer:			
Brief explanation of job duties: _				
3. Employer	Supervisor			
Address	City, State, Zip			
Position Title:	Phone No. (	)	Full-time  Part-time	
Dates of Employment: From	To	Salary: Star	ting Final	
Reason for Leaving:	May We Contact This Employer:			
Brief explanation of job duties:				
Brief emplanation of job duties				
4. Employer		Supervisor		
	Cit	Supervisor ty, State, Zip		
4. EmployerAddress	Cit Phone No. (	Supervisor ty, State, Zip )	□ Full-time □ Part-time	
AddressPosition Title:	Cit Phone No. (	Supervisor ty, State, Zip ) Salary: Star		
Address Position Title: Dates of Employment: From	Cit Phone No. (	Supervisor ty, State, Zip ) Salary: Star May We Contac	Full-time  Part-time  ting Final  This Employer:	
Address Position Title: Dates of Employment: From Reason for Leaving:	Cit Phone No. (	Supervisor ty, State, Zip ) Salary: Star May We Contac	Full-time  Part-time  ting Final  This Employer:	

## PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize the release, to *Care*tech, Inc., the results of my medical examination, including drug screening test results, for internal use by *Care*tech, Inc. to evaluate my suitability for employment. I also authorize any educational institutions I have attended, previous and current employers, law enforcement agencies, and any others who possess information about me to release any and all such information to *Care*tech, Inc. In a manner consistent with this authorization, I also hereby release *Care*tech, Inc. from any and all claims or causes of action, in law or equity, which I might otherwise have, arriving from the transmittal of such information to *Care*tech, Inc. and its use of it.

## I further understand and agree to the following:

- \* I certify that the statements made in this application are true and correct to the best of my knowledge, and that falsification of any information contained herein may result in summary termination of my employment.
- \* I give permission to Caretech to run background checks on me including Criminal, Adult and Child, DMV, etc.
- \* An investigation may be done to obtain character information from employers, neighbors, friends, colleagues and associates, and others who may have knowledge of me.
- \* A satisfactory evaluation of my knowledge, skills, abilities, and overall suitability for employment, determined in part on the basis of any medical examination and drug screen test results and conducted by *Care*tech, Inc. in its sole and unlimited discretion, shall be a condition to employment. I shall take all tests required for the position I seek.
- \* I shall provide proof of citizenship or authority to work in the United States.
- \* My employment at *Care*tech, Inc. is at the will of *Care*tech, Inc. and myself and may be terminated, with or without cause, by *Care*tech, Inc. or myself at any time with no notice required. *Care*tech, Inc. may change the terms and conditions of my employment at any time without giving notice.
- \* No one but the President or a designated representative of *Care*tech, Inc. has the authority to enter into any contract for employment with me which contains terms that are contrary to any herein.
- \* If my employment ends, *Care*tech, Inc. may provide confidential information from my records to any prospective employer with no liability to itself or its staff.

Caretech, Inc. is an Equal Opportunity Employer and adheres to all anti-discriminatory laws, local, state, and federal.

Name:	
Signature:	Date: