



JOB APPLICATION

PERSONAL						
First Name:		Last Name:			Middle Initial:	
Current Address:		City:		Sate:	Zip:	
Date of Birth:	Social Security Number:		Driver's License Number:		Are you entitled to work in the US?	
		State Issued:	Currently Valid: Y / N			
Phone Number:			Email Address:			
Position are you applying for:		Date available to start work:			Desired wage:	
Do you currently work for another PCA agency? Y / N			If yes, please list the name and number of hours you work:			
Please list your general availability for each day of the week:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Have you ever been charged with or convicted with any traffic violation?		If you have been charged or convicted with any traffic violation, please explain:				
Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation?						

EDUCATION AND TRAINING				
	School Name/Location:	Year Graduated	Major	Degree Earned
High School				
<input type="checkbox"/> N/A				
College/University				
<input type="checkbox"/> N/A				
Additional training and/or certifications related to the position (i.e. PCA Certificate, CPR, First Aid, Positive Support Strategies)				

WORK HISTORY

Company Name & Phone #:			Dates of Employment From (Mo/Yr) To (Mo/Yr):		
Address:		City, state:		Zip code:	
Job Title:		Supervisor (Name & Title):			
Reason for leaving:		Final Pay:			
Description of Job Duties:					
Company Name & Phone #:			Dates of Employment From (Mo/Yr) To (Mo/Yr):		
Address:		City, state:		Zip code:	
Job Title:		Supervisor (Name & Title):			
Reason for leaving:		Final Pay:			
Description of Job Duties:					
Company Name & Phone #:			Dates of Employment From (Mo/Yr) To (Mo/Yr):		
Address:		City, state:		Zip code:	
Job Title:		Supervisor (Name & Title):			
Reason for leaving:		Final Pay:			
Description of Job Duties:					

REFERENCES			
Name	Phone Number	Relationship	Number of years known

AUTHORIZATION

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for current former employers to be contacted regarding work records. I consent to a background check and credit check to verify information on this form is true and accurate to the best of my knowledge.

Signature _____

Date _____

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Joyous Care to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.