****

**Employment Application**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Bridge Solutions Health

2500 Tanglewilde St. Ste 223 Houston, TX 77063

Office: (713) 334-9920 Fax: (713) 334-2527

|  |
| --- |
| **INSTRUCTIONS:** If you need help filling out the application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.* Please read “Applicant Note” below
* **Complete all pages of this application.**
* Print clearly. Incomplete or illegible applications may not be accepted.
* If more space is needed to complete any questions, use comments section on the back.
* Application will be valid for 60 days.
 |

**Personal Information**

Positions(s) Applied For: \_\_\_\_\_\_\_**CAREGIVER (Personal Care Assistant)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Apartment Number City State Zip

Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Note:** *This application form is intended for use in evaluating your qualifications for employment with us. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applications will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex national origin, age, disability, Or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body is required prior to employment.*

**Employment History**

List your employment history starting with the most recent. Please fill out complete.

Dates Employed

Start: End:

Employer Name

Address

Reason for Leaving

Title Held

Dates Employed

State: End:

Employer Name

Title Held

Reason for Leaving

Address

Dates Employed

Start: End:

Employer Name

Reason for Leaving

Title Held

Address

Dates Employed

Start: End:

Employer Name

Title Held

Reason for Leaving

Address

**Education**

*Please circle highest grade completed:*

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Type** | **School Name** | **City, State** | **Major/Subject** | **Years****Attended** | **Graduated** |
| High School |  |  |  |  | **Y / N** |
| Vocational/Technical |  |  |  |  | **Y / N** |
| College/University |  |  |  |  | **Y / N**  |

Mark any license or certifications in which you currently have

[ ]  C.N.A. [ ] CPR [ ] First Aid [ ] LVN [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background**

As a condition of employment, all employees must be “Bondable”.

List the states and counties of residence for the past seven (7) years.

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_­\_\_\_\_**

State County State County

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

State County State County

Have you had any moving traffic violations? [ ] Yes [ ] No

If yes, please list and provide dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of a felony or misdemeanor in the past seven (7) years? [ ] Yes [ ] No

If yes, please describe:

*(Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)*

**Incident City/State Result**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

