

# *JR'S LOVING CARE SERVICES, INC*

1128 DAWSON RD  
ALBANY, GA 31707  
229-435-5129

## *APPLICATION PACKET*

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*The following Certifications are needed along with the application packet: MUST HAVE EVERYTHING BEFORE YOU ARE HIRED.*

- CNA License or PCA Test
- Finger Print Background (Fee) \$51.99
- Driver's License
- Social Security Card
- TB Shot
- CPR
- First Aid
- Car Insurance Card

*Return this packet between the following hours:*

*Monday-Thursday*

9:00-11:30am

&

2:00-4:00pm

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

**JR's Loving Care Services, Inc.**  
**1128 Dawson Rd**  
**Albany, Georgia 31707**  
**1-888-435-5129 or 435-5129**

EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

Date: \_\_\_\_\_

NAME		D.O.B	SOCIAL SECURITY	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NO. (     )		REFERRED BY		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START		
ARE YOU EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOR PRESENT EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDY
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS AND PHONE

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act. (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE \_\_\_\_\_

**REMARKS**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER                      DEPARTMENT HEAD                      GENERAL MANAGER

This application for employment is said only for general use throughout the United States. JR assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions for information upon which a violation of local, state and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws which change from time to time.

# JR's LOVING CARE SERVICES INC.

## *EMPLOYEE EMERGENCY INSTRUCTION*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_

CELL PHONE (    ) \_\_\_\_\_

### **IN CASE OF EMERGENCY PLEASE CONTACT:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_

CELL PHONE (    ) \_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_

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JR's Loving Care Services, Inc.

## WORK REFERENCE VERIFICATION

I hereby authorize JR's Loving Care Services, Inc. to verify my work reference. I release from liability any person and/or company giving or receiving any such information, and I specifically consent to disclosure in accordance with the provisions of all applicable state and federal laws.

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

Last four digits of your social security number \_\_\_\_\_

Employer's Name and  
Address \_\_\_\_\_

Please do not write below this line

Attention Employer:

The applicant above has listed you as a work reference we would appreciate you answering the following questions to the best of your ability. Your response will be treated in the strictest confidence.

Position Held: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Would you rehire? \_\_\_\_\_

Please rate the employee below:

<u>EVALUATION</u>	<u>OUTSTANDING</u>	<u>GOOD</u>	<u>AVERAGE</u>	<u>NOT ACCEPTABLE</u>
Attendance	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Work Quality	_____	_____	_____	_____
Judgment	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Learning Ability	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Working with others	_____	_____	_____	_____

Name/ Title of person completing this form: \_\_\_\_\_

Signature/Date: \_\_\_\_\_