



E-Mail _____

Name (Last, First, Initial) _____

Street Address _____

City, State, Zip _____ How Long At This Address? _____

Home Telephone _____ Cell Phone _____

Previous Home Address _____

Work Schedule Preference (check all that apply):

- Weekday 4 Hour Shift
 Weekday 8 Hour Shift
 Weekday 12 Hour Shift
 Weeknight 4 Hour Shift
 Weeknight 8 Hour Shift
 Weeknight 12 Hour Shift
 Weekend Day
 Weekend Night
 Live-In Assignments

Two Emergency Contacts: _____ Phone (Inc. Area Code) _____

Have you ever been convicted of a crime other than a minor traffic violation?
 Yes No (What crime, where, when)

PLEASE LIST ALL LANGUAGES SPOKEN

Friends or Relatives Employed by Us: _____

Who Referred You To Us? _____

Have You Previously Worked For Us? No Yes (Give Dates)

Work-Related Skills or Certification: _____

Explain how you would be an asset to Easy Living and its Clients:

EDUCATION AND TRAINING LEVELS ARE RELEVANT FOR EMPLOYMENT ONLY TO THE EXTENT REQUIRED BY LAW

	NO. OF YEARS	SCHOOL NAME	CITY/STATE	DID YOU GRADUATE	MAJOR COURSE/DEGREE
HIGH SCHOOL					
COLLEGE					
OTHER					

EMPLOYMENT HISTORY

Easy Living Services, Inc. requires this section to be completed in detail.

You must include a **5 year work history** as well as responses to **ALL** information requested.

BEGIN WITH CURRENT OR MOST RECENT EMPLOYER

COMPANY	BEGINNING DATE	END DATE
ADDRESS		HOURLY
SUPERVISOR	PHONE	POSITION
DUTIES	REASON FOR LEAVING	

COMPANY	BEGINNING DATE	END DATE
ADDRESS		HOURLY
SUPERVISOR	PHONE	POSITION
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SUPERVISOR	PHONE	POSITION
DUTIES	REASON FOR LEAVING	

PLEASE LIST THREE REFERENCES (NOT RELATED). INCLUDE PHONE NUMBER & YEARS ACQUAINTED.

1. _____
2. _____

