



PDX Elite Care Inc.'s Application for Employment

Position you are applying for:							
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Full or Part-time: <input type="checkbox"/>							
Last Name			First Name			Middle Initial	
Mailing Address			City			County	
Social Security No.			Date of Birth :				
State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address		
Driver's License #		State	Expiration Date	<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/> CDL		License Class _____	
						Endorsement _____	
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Some convictions are an automatic bar to employment, however others are not and such cases will be weighed and considered on its individual merits). <i>Nature of Offense</i> <i>Name & Location of Court</i> <i>Date of Conviction</i>						(Inaccurate information here will result in disqualification.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or forced to resign from any position? If yes, please give the employer, date and reason. <i>Employer</i> <i>Date and Reason</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, are you authorized to work in the United States? Provide a copy of your authorization to work issued by the U.S. Citizenship & Immigration Service or other proof allowed via the USCIS Form I-9.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
References						Notes (Office Use Only)	
Name			Telephone Number				

Days Available to Work	How many hours can you work weekly?	Can you work nights?	Can you work evenings?
<ul style="list-style-type: none"> • <input type="checkbox"/> Sunday • <input type="checkbox"/> Monday • <input type="checkbox"/> Tuesday • <input type="checkbox"/> Wednesday • <input type="checkbox"/> Thursday • <input type="checkbox"/> Friday 	_____ Hrs./Wk.	<ul style="list-style-type: none"> • <input type="checkbox"/> Yes • <input type="checkbox"/> No 	<ul style="list-style-type: none"> • <input type="checkbox"/> Yes • <input type="checkbox"/> No

4	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer (letter of proof needed)	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Title of Position Held		Reason for Leaving	
Describe job duties:			
5	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer (letter of proof needed)	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Title of Position Held		Reason for Leaving	
Describe job duties:			

Applicant's Signature: _____ Date: _____