



## **Straughn Elite Services, Inc EMPLOYMENT APPLICATION**

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

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State ZIP/Postal Code

Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-Mail address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Type of employment desired \_\_\_\_\_ Please Specify Days and Hours Available \_\_\_\_\_

Position applied for \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ PRN

Current hourly pay rate \$ \_\_\_\_\_ Desired pay per hour \$ \_\_\_\_\_

Are you legally eligible to work in the US? ☐ Yes ☐ No

Are you available to work Call Outs, if needed? ☐ Yes ☐ No

Have you ever been employed at our company? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Do you have any friends or family employed at this location? ☐ Yes ☐ No

**FYI:** Conviction will not be a deciding factor in continuing the pre-screening process or potential employment opportunities

Have you been convicted of a crime in the last seven (7) years? ☐ Yes ☐ No

If yes, please explain

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During the hiring process, do you agree to provide a criminal background check? ☐ Yes ☐ No

During the hiring process, do you agree to provide a Motor Vehicle Record? ☐ Yes ☐ No ☐ N.A.



## Educational Background: Please Answer the Following Questions

List previous educational history

Institution	Field of study	Graduated
		Yes No
		Yes No
		Yes No

## Document Checklist

Documents	Current	Expires
CNA Certification	Yes No	
CPR/ First Aid	Yes No	
Driver's License	Yes No	
TB Screening	Yes No	

What do you think is the most difficult part of caregiving or customer service work?

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Ms. Jackson ask you to apply BENGAY muscle rub on her back, what would you do?

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In what situations do we provide services not listed in the SERVICE PLAN?

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What is DNR?

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Why is it important to work within your scope or job description?

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## EMPLOYMENT BACKGROUND

List your previous employers beginning with the most recent employer.

Employer Name:	Phone:			Responsibilities:
	( )	FROM	TO	
Address:				
Job Title:		Starting Hourly		
		Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly		
		Rate		
May we call to verify?		\$	per	
Employer name:	Phone:			Responsibilities:
	( )	FROM	TO	
Address				
Job Title		Starting Hourly		
		Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly		
		Rate		
May we call to verify?		\$	per	
Employer Name:	Phone:			Responsibilities:
	( )	FROM	TO	
Address:				
Job Title:		Starting Hourly		
		Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly		
		Rate		
May we call to verify?		\$	per	
Employer Name:	Phone:			Responsibilities:
	( )	FROM	TO	
Address:				
Job Title:		Starting Hourly		
		Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly		
		Rate		
May we call to verify?		\$	per	



References: List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

Name	Relationship	Years acquainted	Phone Number

**\*\*CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumers reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Straughn Elite Services, Inc is an equal opportunity employer. We strive to promote equality and diversity within the Agency, and this policy applies to all our employees, job candidates, volunteers, and contractors as well. Being an equal opportunity employer means we do not discriminate in employment on basis of nationality, color, sex, age, disability, religion, sexual orientation, and any other means as protected by all applicable state and federal laws.

Applicant's Signature \_\_\_\_\_