

Getz Personal Care Home Application For Employment

An Equal Opportunity Employer

Pre-employment questionnaire

Personal Information

Name		Date	
Present Address		City	State
Permanent Address		City	State
Phone	Township	Are you 18 years or older?	
Are you either a U.S. Citizens or an Alien authorized to work in the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Last

First

Middle

Employment Desired

Position	Date you can start	Hourly wage desired		
Are you available to work	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Shift preferred	Day shift <input type="checkbox"/>
Are you employed now?	If so, may we inquire of your present employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ever applied to Getz PCH before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When?	
Ever worked for Getz PCH before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When?	
Reason for leaving				
Who referred you to Getz PCH?				

Education

School Level	Name and Location of school	No. of years attended	Did you graduate?	Subjects studied
High School				
College				
Trade or Business School				

General

Special Training			
Special skills			
Are you certified in CPR? If yes, expiration date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you certified in First Aid? If yes, expiration date:
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

Interviewed by		Date	
Comments			
Neatness		Ability	
Hired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Position
Hourly wage		Shift	
Hourly wage		Date reporting to work	