



Optimum Personal Care Services
100 Beauvais Avenue, Ste. C-3
Lafayette, LA 70507
(337) 593-8444

Employment Application

Date of Application _____

Name _____ Date of Birth _____

Home Phone () _____ Cell Phone () _____

Address _____

City/State/Zip _____

Position _____

Type of work preferred: Full-time Part-time Day Evening Weekends
(√ all that apply)

Date available _____ How were you referred? _____

Have you ever been employed here before? Yes No If yes, give dates _____

Are you legally eligible for employment in the USA? Yes No If yes, proof is required if hired.

Will you travel if required? Yes No

Driving may be required, please provide your driver's license number and State issued.

DL# _____ State _____

Have you ever been fired or asked to resign from a job? Yes No If yes, explain _____

Educational Background

High School:

Name _____ Location _____

Course of Study _____ Did you graduate Yes No Degree or Diploma _____

College:

Name _____ Location _____

Course of Study _____ Did you graduate Yes No Degree or Diploma _____

Vocational or other training:

Name _____ Location _____

Course of Study _____ Did you graduate Yes No Degree or Diploma _____

Skills and Qualifications

List any special training, skills, licenses and/or certificates

Computer Skills (✓ all that apply, include years of experience)

Word Processing Years: _____ Typing _____ Years: _____ Presentation Years: _____

Is there any other job-related information you want us to know? _____

References

List last three employers, starting with the most recent

Name _____ Phone _____

Address _____

City/State/Zip _____

Start Date _____ End Date _____ Final Salary Rate _____

Job Title _____ Name of supervisor _____

Description of duties _____

Reason for leaving _____

Name _____ Phone _____

Address _____

City/State/Zip _____

Start Date _____ End Date _____ Final Salary Rate _____

Job Title _____ Name of supervisor _____

Description of duties _____

Reason for leaving _____

Name _____ Phone _____

Address _____

City/State/Zip _____

Start Date _____ End Date _____ Final Salary Rate _____

Job Title _____ Name of supervisor _____

Description of duties _____

Reason for leaving _____

AUTHORIZATION

“I CERTIFY THAT THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION, OMMISION, OR MISREPRESENTATION ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, OR IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINTED AT ANY TIME.

I AUTHORIZE THE EMPLOYER TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, PUBLIC AGENTS, LEASING AUTHORITIES, EDUCATIONAL INSTITUTIONS, AND TO OTHERWISE VERIFY THE ACCURACY OF INFORMATION PROVIDED BY ME IN THIS APPLICATION, INTERVIEW, OR RESUME, 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.”

Applicant’s Signature

Date

For Office Use Only

Notes _____

Hire Date _____

Position _____

Rate _____

- Resume
- Certified DSW/CNA
- References

