

EMPLOYMENT APPLICATION

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PERSONAL INFORMATION

Full Name		Date
Address		
City	State	Zip
Home Phone	Cell Phone	
Email Address	Referred By	

EMPLOYMENT INFORMATION

Position Applying For		
Date Available to Begin		Expected Wage
Employment Type Desired Full Time Part Time Seasonal	Available to Work Over Time? Yes No	Eligible to Work in U.S.? Yes No

EDUCATION

High School Name	City/State	Highest Year Complete 0 1 2 3 4	Degree	Major/Minor
College/Trade School Name	City/State	Highest Year Complete 0 1 2 3 4+	Degree	Major/Minor
Graduate School Name	City/State	Highest Year Complete 0 1 2 3 4+	Degree	Major/Minor

List current licenses/certifications that are relevant to the position for which you are applying (copies may be requested)

List any training that is relevant to the position for which you are applying

List any skills and/or qualifications that are relevant to the position for which you are applying

GENERAL INFORMATION

Have you ever been employed by Cover Care, LLC? Yes No	If yes, give dates of employment	From:	To:
Do you have any friends or family who are currently employed by Cover Care, LLC? Yes No	If yes, list their name(s)		
Are you less than 18 years old? (Proof may be required) Yes No	Have you ever been convicted of a felony or misdemeanor? (Please do not disclose convictions for which the record has been judicially ordered sealed, expunged or statutorily eradicated.)		Yes No
If yes, state the crimes(s), court(s), and sentence(s)			
Have you ever been terminated, asked to resign from employment, or resigned from employment in lieu of termination? Yes No			
If yes, please explain			

WORK EXPERIENCE *(Please list your current or most recent employer first.)*

Company #1			
Address			
Position	Dates of Employment	Starting	Ending
Supervisor's Name	Telephone Number	Permission to Contact Yes No	
Description			
Starting Pay	Ending Pay		

Company #2			
Address			
Position	Dates of Employment	Starting	Ending
Supervisor's Name	Telephone Number	Permission to Contact Yes No	
Description			
Starting Pay	Ending Pay		

Company #3			
Address			
Position	Dates of Employment	Starting	Ending
Supervisor's Name	Telephone Number	Permission to Contact Yes No	
Description			
Starting Pay	Ending Pay		

WORK REFERENCES (Please provide three work-related references, preferably past supervisors/managers.)

Reference 1	Name	Title	Phone
	Organization	Years Know	Nature of Acquaintance
Reference 2	Name	Title	Phone
	Organization	Years Know	Nature of Acquaintance
Reference 3	Name	Title	Phone
	Organization	Years Know	Nature of Acquaintance

TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I hereby certify that the information provided on this application is true and complete. I understand and agree that any falsification or significant omissions on this application may result in not being hired or, if found out after employment, may be grounds for dismissal. I understand and agree that under the terms of employment with Cover Care, LLC, the employment relationship is terminable "at will" without notice or cause, unless set out in writing, dated, and executed by both parties. I understand that neither this document nor any offer of employment from Cover Care, LLC constitutes an employment contract.

I understand that any offer of employment may be contingent upon my ability to comply with USCIS regulations establishing my identity and right to work in the United States. I understand that Cover Care, LLC is an Equal Employment Opportunity employer. Cover Care, LLC recruits and hires persons in all job titles without regard to race, sex, age, color, religion, national origin, disability, or other lawfully protected classes.

I hereby authorize Cover Care, LLC to investigate fully all information contained in this employment application and to investigate and compile any other information that may bear upon my suitability for employment. **I further authorize my past and present employers to furnish Cover Care, LLC with my records of employment and the reasons for my separation and any and all information those employers may possess concerning me. I further release Cover Care, LLC and/or its agents to make an independent investigation of criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application.** I release Cover Care, LLC from liability or damages for compiling such information. Additionally, I release any organization that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. Further, I understand that this application will be considered active for a period of ninety days. I have read and understand the foregoing statements and accept the same as conditions of employment.

Applicant Signature	Date
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