



## APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_

*SEKARA LLC IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY. WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.*

### Personal Information

Name (First, Middle, Last)	
Address	
City State Zip Code	
How long at this address?	
Home Phone Number	
Cell Phone Number	
Social Security Number	
Are you eligible to work in the US?	
Are you over 18 years old?	
Are you eligible for Employment in the Health Care Field?	
Do you possess a valid Driver's License?	
Do you currently have valid car insurance?	

### Work History

Most recent Employer Name	
Address City State	
Dates Employed (mm/dd/yy to mm/dd/yy)	
Phone Number	
Supervisor Name	
May We Contact Them? If not please explain.	
Position Held	
Pay Rate	

Prior Employer Name	
Address City State	
Dates Employed (mm/dd/yy to mm/dd/yy)	
Phone Number	
Supervisor Name	
May We Contact Them? If not please explain.	
Position Held	
Pay Rate	

Prior Employer Name	
Address City State	
Dates Employed (mm/dd/yy to mm/dd/yy)	
Phone Number	
Supervisor Name	
May We Contact Them? If not please explain.	
Position Held	
Pay Rate	

### Education

High School Name	
City State	
Phone Number (if known)	
Did you Graduate? Yes or No	

Post High School Name	
City State	
Phone Number (if known)	
Graduation Date (mm/yy) if applicable	
Certificate or Degree pursued	

Other education, seminars, or related experience, etc.

Are you First Aide Certified? Y/N
If so, when does your certification expire? (mm/yy)
Which Agency did you receive your certification from?

Hours Desired?
Pay Rate Desired?
Available to Start?

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, SeKara LLC or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that SeKara LLC is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National origin, Disability, or Veteran Status. I realize that if I am hired, SeKara LLC reserves the right to terminate my employment whenever the need arises.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date