



Employment Application

"Where Comfort, Care, and Compassion Come Together"
1111 S. 9th St., Midlothian, TX 76065

Contact Number: 517-580-9810 | Email Address: info@adoring.care | Website: www.adoring.care

(Pre-Employment Questionnaire) An Equal Opportunity Employer Date:

___ / ___ / 20__

I. Personal Information

Last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth: ___ / ___ / _____

Place of Birth: _____

Social Security Number: _____ - _____ - _____

Drivers License number: _____

Present Address: _____

Primary Phone: ___ / ___ - _____

Secondary Phone: ___ / ___ - _____

Position Applying For: (circle all that apply) Manager – Caregiver - Cook

Special Training/Certifications: _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you lived or worked in another state within the last 5 years? ☐ Yes ☐ No

Have you been convicted of a felony or misdemeanor in the past five (5) years? ☐ Yes ☐ No

If yes, please explain: _____

Date of Last TB Test or Chest X-Ray: ____ / ____ / ____

II. Work Experience

Please provide your employment history for the last five (5) years. Caregivers must be 18 years old with at least three (3) months of healthcare-related experience. Managers must be 21 years old with at least twelve (12) months of healthcare-related experience. (If you need more room, use the back)

Dates Employed	Position Held	Employer Name	Employer Address	Employer Phone	Verified By (Office Use Only)	Comments (Office Use Only)

III. Character References

Please list two verifiable character references who are not related to you.

Reference Name	Address	Phone Number	Verified By (Office Use Only)	Comments (Office Use Only)

IV. Background Check Consent

All employees of Adoring Care Assisted Living LLC will need to be in compliance with state laws prohibiting employment of individuals convicted of crimes involving:

- Abuse, neglect, or exploitation of a vulnerable adult
- Sexual abuse or exploitation
- Violent crimes, including but not limited to murder, assault, or kidnapping
- Drug-related felonies
- Fraud or financial exploitation

I understand that providing false information on this application may result in immediate termination.

Applicant's Signature: _____

Date: __ / __ / ____

Requirement:

TB (Tuberculosis) Screening is a requirement to be hired, caregivers must have a documented **negative** TB test (either a TB skin test, blood test, or chest X-ray if medically necessary) before your hire date or within 2 weeks of hire date.

Date Completed: ____/____/____ Form attached to the application ☐ Yes ☐ No

For Office Use Only

Interviewer's Impressions:

Applicant accepted for employment. ☐ Yes ☐ No

Hire Date: ____ / ____ / ____

Termination Date: ____ / ____ / ____