

Zion Care Services LLC

Application number (OFFICE ONLY) _____

Position applied for _____

We use the details on your completed application form as the sole basis for shortlisting for interview. Incomplete forms will not be accepted and resumes are not acceptable in place of this application form.

Personal details

First Name _____ Last Name _____

Title _____ SS # _____

Address _____

_____ Zip Code _____

Contact numbers _____

Email _____

Are there any restrictions on you taking up employment in the US? Yes No

If yes, please specify _____

In this role, you will be required to complete a background check. Do you have any objection to a background check?

Yes No

If Yes please specify _____

Please ensure that you provide a complete chronological history of your time spent since leaving school. You should include all types of employment (full or part time, permanent or temporary).

Employment Details

Present or most recent employer _____

Address _____

_____ Zip Code _____

Dates of employment (month & year) From _____ To _____

Office use only	Shortlisted for interview <input type="checkbox"/> yes <input type="checkbox"/> no	Offered: <input type="checkbox"/> yes <input type="checkbox"/> no
Status	1	

Position(s) held _____

Please give a brief description of responsibilities and duties

Salary _____

Reason for leaving _____

Previous posts (please start with the most recent)

Job title and brief details of responsibilities	Employer's details (name and address)	Dates of employment (from month & year to month and year)	Salary and reason for leaving

Education, training and professional qualifications

Examinations taken (subject and level)	Grades	Dates (month & year)

Please give details of any training undertaken relevant to the job you are applying for

Institution / Awarding Body	Examinations / Course taken	Dates (month & year)

Experience, skills and interests

Briefly outline how you feel you meet the requirements and essential criteria of the post. You can use experience and knowledge from voluntary work, and any other relevant activities.

If you are successful at interview, when would you be able to take up the post?

Zion Care Services LLC subscribes to the Disability and Veteran support scheme which means that for all candidates with disability and veterans who meet the minimum / essential criteria for a job vacancy we guarantee them an interview and to consider them on their abilities. To fulfil this guarantee, we are permitted to ask for the following information. Please note that completion of this section is entirely voluntary for you to declare any disability under this scheme.

Do you consider yourself to be a disabled person? Yes No

If yes, please specify if you require any arrangements to enable you to attend an interview, if short-listed _____

Are you a veteran? Yes No

If yes, please provide information to support this.

Referees

Please give the details of three professional referees which cover at least the last 5 years of your employment, one of whom must be your present or last employer. As part of our safer recruitment process, we will seek references prior to interview.

Name _____

Occupation _____

Address _____

Zip Code _____

Email address _____

Telephone _____

Relationship with referee

Name _____

Occupation _____

Address _____

Zip Code _____

Email address _____

Telephone _____

Relationship with referee

Name _____

Occupation _____

Address _____

Zip Code _____

Email address _____

Telephone _____

Relationship with referee _____

Declaration

I declare that details given on this Application Form are, to the best of my knowledge and belief, true and complete. I understand that deliberately giving false statements or incomplete answers, would disqualify me from consideration or, in the event of appointment, may make me liable to dismissal, and if sufficiently serious, possible referral to the police. I authorize Zion Care Services LLC to contact former employers and educational institutions to fully and freely communicate information regarding my previous employment, attendance and grades. I authorize the persons dedicated as references to fully and freely communicate information regarding my previous employment and education

If an employment relation is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the company by the Director of Programs, the employment relation will be "at-will". In other words, the relationship will be entirely voluntary in nature and either I and my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose, and for reasons of my choice. Similarly, my employer will have the right to also terminate employment "at-will". In addition, no agent, representative or employee of Zion Care Services, except in a specific written contract of employment signed on behalf of the company by its Director of Programs has the power to alter or vary the voluntary nature of the employment relationship. ZCS is AA/EOE.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS. PLEASE PRINT YOUR NAME, SIGN AND DATE.

Applicant Name (Print) _____

Signature _____

Date _____