

Aaron's Affordable Senior Care

PO Box 6395
Moore OK 73153-0395

Aaron's Affordable Senior Care

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5350 S Western Ave
Ste. 715
OKC, OK 73109

Name (last) _____ First _____ Middle _____

Current Home Address _____ City _____ Zip _____

**Previous home Addresses (last 7 yrs) _____ City _____ Zip _____

Social Security # _____ DOB _____ Home Phone _____ Other PH# _____

Indicate the hours you are available to work each day. If there are no restrictions, mark all.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Date Available to Start _____ Position applied for _____

Full Time _____ Part Time _____ Seasonal _____ Temp _____ Expected Wages \$ _____

CAN YOU LEGALLY WORK IN THE U.S. YES ___ NO ___ (Proof of Citizenship or immigration status required upon first day of employment)

Is there any reason why you would not be able to perform all of the job duties of the position you have applied for?

Yes ___ No ___ Explain _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___
(A conviction is not an automatic bar to employment. Each case will be considered on its own merit)

Personal References: List persons we may contact who know your job qualifications, such as teachers, clergy, counselors. Do not list relatives.

Persons Name _____ Organization _____ Position _____

Association with you _____ Address _____ Phone Number _____

Persons Name _____ Organization _____ Position _____

Association with you _____ Address _____ Phone Number _____

Circle Last Year of Education Completed 6 7 8 9 10 11 12 13 14 15 Other _____

Elementary School Attended _____ Location _____ Dates _____ Degree _____

High School _____ Location _____ Dates _____ Degree _____

College/Other School _____ Location _____ Dates _____ Degree _____

Office Use _____

Rate 1 2 3 School/work permit needed:? Yes ___ No ___ Referred by _____

Hire for Position of: _____ Employee # _____

Signature of interviewer _____ Location _____ Date _____

Company (May we Contact? Yes__No__) Address City State Zip

Starting Pay/Ending Pay

Employed from to Supervisor Ph#

Your Position Reason For Leaving

Duties

Company (May we Contact? Yes__No__) Address City State Zip

Starting Pay/Ending Pay Employed from to Supervisor Ph#

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Duties

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Starting Pay/Ending Pay Employed from to Supervisor Ph#

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Company (May we Contact? Yes__No__) Address City State Zip

Starting Pay/Ending Pay Employed from to Supervisor Ph#

Your Position Reason For Leaving

Duties

If employed/contracted by Aaron's Affordable Senior Care (AASC), I agree to abide by its policies, rules and regulations and understand that they may be changed at anytime. I understand and agree that my employment is at will, and can be terminated with or without cause, with or without notice, at anytime, at the option of either the company or myself. I understand that I will be randomly required to submit to an alcohol and/or drug screening. I understand that if I fail the screening, I will not be hired and/or may be terminated upon report.

I authorize AASC to obtain any information concerning me from previous employers, schools officials, and others. I certify that all information given on this application including any attachments is correct and true. I understand that any willful omissions, falsifications, or misrepresentations will constitute termination. All personnel must wait a period of 60 months following the day of dismissal from AASC before they are able to work privately for any of our clients. Working privately for AASC clients is automatically ground for dismissal and litigation. Upon any theft/abuse of any kind relating to our clients, AASC wants to inform you up front that, we will not hesitate to prosecute to the fullest extent of the law. This includes any form of **physical abuse, verbal abuse, gossip, or behavior determined by us to be unacceptable, is grounds for termination.**

I authorize AASC to do a background and criminal checks and to contact all references in order to verify my character as much as possible before employment by AASC.

I have read, and fully understand, and agree to the above stated terms. _____(initial required)

SIGNATURE _____ DATE _____