

DIVINE SITTER CARE SERVICES

*Please complete the entire application.

DATE:

APPLICATION FOR SITTER SERVICES

PHONE:

FIRST & LAST NAME:

PRESENT ADDRESS:

HOW LONG AT ADDRESS AGE:

DATE OF BIRTH: SOCIAL SECURITY #:

DAYS/HOURS AVAILABLE TO WORK:	DATE AVAILABLE TO WORK:
NO PREF: <input type="text"/>	THURS: <input type="text"/>
MON: <input type="text"/>	FRID: <input type="text"/>
TUES: <input type="text"/>	SAT: <input type="text"/>
WEDS: <input type="text"/>	SUN: <input type="text"/>

HOW MANY HOURS PER WEEK CAN YOU WORK: CAN YOU WORK NIGHTS:

DID YOU GRADUATE HIGH SCHOOL: YES NO

DO YOU HAVE A DRIVER'S LICENSE: YES NO

DO YOU HAVE RELIABLE TRANSPORTATION: YES NO

DO YOU HAVE CAR INSURANCE: YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES NO

IF YES, EXPLAIN:

PLEASE LIST 2 PERSONAL REFERENCES:	
NAME: <input type="text"/>	NAME: <input type="text"/>
RELATION: <input type="text"/>	RELATION: <input type="text"/>
ADDRESS: <input type="text"/>	ADDRESS: <input type="text"/>
<input type="text"/>	<input type="text"/>
PHONE: <input type="text"/>	PHONE: <input type="text"/>

HAVE YOU SERVED IN THE ARMED FORCES: YES NO

ARE YOU A MEMBER OF THE NATIONAL GUARD: YES NO

DO YOU HAVE ANY CERTIFICATIONS: YES NO

IF YES, EXPLAIN:

WORK EXPERIENCE: PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST 5 YEARS, BEGINNING WITH YOUR MOST RECENT. IF YOU WERE SELF-EMPLOYED, LIST THE BUSINESS NAME.

EMPLOYER:
ADDRESS:
PHONE:

SUPERVISOR'S NAME:
START DATE:
END DATE:
LAST SALARY:

DESCRIBE YOUR DUTIES, JOB TITLES HELD, PROMOTIONS AND OTHERS, WHILE YOUR EMPLOYMENT HERE:

REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER YES NO

EMPLOYER:
ADDRESS:
PHONE:

SUPERVISOR'S NAME:
START DATE:
END DATE:
LAST SALARY:

DESCRIBE YOUR DUTIES, JOB TITLES HELD, PROMOTIONS AND OTHERS, WHILE YOUR EMPLOYMENT HERE:

REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER YES NO

In exchange for the consideration of this application by DIVINE SITTER CARE SERVICES (hereinafter called the company), I agree that:

I authorize investigation of all statements contained in this application. I understand that the omission or misrepresentation of facts, may be cause for dismissal at any time without any previous notice. I hereby give the company permission to contact any entity/reference and also release the company from any liability as a result of such contact. I also understand that the company has a background certification policy that provides for the successful completion prior to becoming a sitter for the company. I understand that consent to and compliance with such policy is a condition of my employee service and continued sitting services are based on the successful completion of the background check. I further understand that my employment with the Company shall be probationary for a period of thirty (30) days and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Applicant's Full Name:

Applicant's Full Name:

By typing my name twice, I agree for this to serve as an electronic signature and will make this a legally binding document/agreement/contract.