

SERVICES FOR THE ELDERLY, INC.
Initial Application Packet

Thank you for applying with Services for the Elderly, Inc. Please complete the application attached to this cover sheet. It must be complete or it will not be processed.

When we match you with a client, we will call you to attend an orientation. At this time, please bring your current valid Driver's License/Identification Card and your Social Security.

Failure to attend the orientation may result in the client being matched with a different attendant. You will then have to wait for another suitable client to become available.

Your application will be held for 90 days. After that time, it will be necessary for you to complete a new application.

Type of Transportation: Bus _____ Car _____

Language: English _____ Spanish _____ Other _____

Days you are available to work:

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|------------|------------|-------------|------------|--------------|------------|------------|------------|
| Yes | | | | | | | |
| No | | | | | | | |

Time you are available to work? _____ a.m. to _____ p.m.

Where are you willing to work? North _____ South _____
East _____ West _____ All areas _____

Signature

Date

**SERVICES FOR THE ELDERLY INC.
EMPLOYMENT APPLICATION - EOE
(Application de Empleo)
2200 East M.L.K. Jr. Blvd.
Austin, Texas 78702-1344**

Name: _____ Social Security: _____ Date: _____
(Nombre) (Seguro Social) (Fecha)

Address: _____ Telephone: (____) _____ Other (____) _____
(Dirección) (Teléfono) (Otro #)

City: _____ State: _____ Zip Code: _____
(Ciudad) (Estado) (Código Postal)

Position Applied For: Attendant (Proveedor) Other: _____
(¿Que tipo de trabajo busca?) (Otro)

Have you previously worked for Services for the Elderly, Inc.? Yes (Si) No (Fecha) If Yes, when? _____
(¿Ha trabajado antes con esta agencia?)

What form of transportation will you use? Bus (Autobús) Car (Auto) Other: _____
(¿Que clase de transporte usara?) (Otro)

Are you 18 years or older? _____
(¿Tiene 18 años de edad?)

Have you ever been convicted of a Felony? Yes (Sí) No

If yes, explain in full _____
¡Explíquese Vd!

Education Record
(Educación)

High School (Escuela Secundaria) Year _____
(Año)

CNA Year _____ Expiration Date: _____
(Año) (Fecha de vencimiento)

Other _____ Year _____ Type: _____
(Otro) (Año) (Clase de educación)

Special Skills/Languages
(Habilidades/Idiomas)

Languages spoken: _____ Speak (Hablar) Read (Leer) Write (Escribir)
(Cuales idiomas habla)

List any special skills you possess and/or equipment or office machines you can operate: _____
(¿Escribe su habilidades, o que máquina de oficina puede operar?)

References (Non-Related)
Referencias (sin relación familiar)

| <u>Name</u> (Nombre) | <u>Address</u> (Dirección) | <u>Phone #</u> (Teléfono) | <u>Occupation</u> (Ocupación) |
|-------------------------|-------------------------------|------------------------------|----------------------------------|
|-------------------------|-------------------------------|------------------------------|----------------------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SERVICES FOR THE ELDERLY, INC.
Employment History
(Empleo anterior)

Previous Employment: _____
(Empleo anterior)

Supervisor: _____
(Supervisor)

Employers Address: _____
(Dirección)

Employer's Phone #: _____
(Teléfono)

Describe duties: _____
(Clase de trabajo)

Employment Dates – From _____ To: _____ Hourly Rate: _____ Reason for Leaving: _____
(Fecha de empleo) (Desde) (Hasta) (Paga por hora) (Razón que dejó el trabajo)

Previous Employment: _____
(Empleo anterior)

Supervisor: _____
(Supervisor)

Employers Address: _____
(Dirección)

Employer's Phone #: _____
(Teléfono)

Describe duties: _____
(Clase de trabajo)

Employment Dates – From _____ To: _____ Hourly Rate: _____ Reason for Leaving: _____
(Fecha de empleo) (Desde) (Hasta) (Paga por hora) (Razón que dejó el trabajo)

Previous Employment: _____
(Empleo anterior)

Supervisor: _____
(Supervisor)

Employers Address: _____
(Dirección)

Employer's Phone #: _____
(Teléfono)

Describe duties: _____
(Clase de trabajo)

Employment Dates – From _____ To: _____ Hourly Rate: _____ Reason for Leaving: _____
(Fecha de empleo) (Desde) (Hasta) (Paga por hora) (Razón que dejó el trabajo)

Applicant Signature
(Firma)

Date
(Fecha)