

# Second Chance Home Care, LLC

547 Burnside Avenue, Suite 101  
East Hartford, CT 06108  
Phone (860) 818-8075; (Fax) (860) 282-8844

## EMPLOYMENT APPLICATION

### Personal Information:

Name (First)\_\_\_\_\_ (Middle)\_\_\_\_\_ (Last)\_\_\_\_\_

Address (Street)\_\_\_\_\_ (City)\_\_\_\_\_ (State)\_\_\_\_\_

Phone number (Home) \_\_\_\_\_ (Cell)\_\_\_\_\_

E-Mail Address\_\_\_\_\_

Emergency Contact #1 (Name)\_\_\_\_\_ (Phone)\_\_\_\_\_

Emergency Contact #2 (Name)\_\_\_\_\_ (Phone)\_\_\_\_\_

Driver's License (State)\_\_\_\_\_ (Number)\_\_\_\_\_ (Expiration)\_\_\_\_\_

### Educational Background:

(Most recent to latest)

College/University (Name)\_\_\_\_\_ Dates of attendance\_\_\_\_\_

Did you graduate?(Yes)\_\_\_\_\_ (No)\_\_\_\_\_ If yes, what degree did you earn?\_\_\_\_\_

High School(Name)\_\_\_\_\_ Dates of attendance\_\_\_\_\_

Did you graduate?(Yes)\_\_\_\_\_ (No)\_\_\_\_\_ If yes, what degree did you earn?\_\_\_\_\_

Other skills\_\_\_\_\_

Primary language spoken \_\_\_\_\_

Do you speak a second language? If so, please list language(s)\_\_\_\_\_

Are you over eighteen years of age?\_\_\_\_\_ United States Citizen? (Yes)\_\_\_\_\_ (No)\_\_\_\_\_

Can you provide proof of your legal eligibility to work in the United States?(Yes)\_\_\_\_\_ (No)\_\_\_\_\_

**Employment History**

(Most recent to latest)

Employer #1

Employer's Name (current) \_\_\_\_\_

Employer's Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Dates of employment (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Title \_\_\_\_\_ (Reason for Leaving) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

May we call your employer? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ (Phone) \_\_\_\_\_

Employer #2

Employer's Name \_\_\_\_\_

Employer's Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Dates of employment (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Title \_\_\_\_\_ (Reason for Leaving) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

May we call your employer? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ (Phone) \_\_\_\_\_

Employer #3

Employer's Name \_\_\_\_\_

Employer's Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Dates of employment (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Title \_\_\_\_\_ (Reason for Leaving) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

May we call your employer? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ (Phone) \_\_\_\_\_