InSpiredCare Academy LLC.
Application For Employment

Please print or type. The application must be fully completed to be considered. Please complete each section even if you attach a resume.

Personal Information

Name

Address	City	State	Zip

Phone Number	Mobile Number	Email Address

Are You A U.S. Citizen?
Yes ☐   No ☐

Have You Ever Been Convicted of A Felony?
Yes ☐   No ☐

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?
Yes ☐   No ☐

Position

Position You Are Applying For	Available Start Date	Desired Pay

Employment Desired
☐ Full Time   ☐ Part Time   ☐ Seasonal/Temporary

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)		Job Title		Dates Employed
Work Phone		Starting Pay Rate		Ending Pay Rate
Address		City	State	Zip

Employer (2)		Job Title		Dates Employed
Work Phone		Starting Pay Rate		Ending Pay Rate
Address		City	State	Zip

Employer (3)		Job Title		Dates Employed
Work Phone		Starting Pay Rate		Ending Pay Rate
Address		City	State	Zip

Employer (4)		Job Title		Dates Employed
Work Phone		Starting Pay Rate		Ending Pay Rate
Address		City	State	Zip

Employer (5)		Job Title		Dates Employed
Work Phone		Starting Pay Rate		Ending Pay Rate
Address		City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I consent to InSpiredCare Academy LLC. conducting background checks, verifying references, and performing drug tests as part of the hiring process.

Name (Please Print)	Signature
Date	