



# COMFORT KEEPERS SENIOR CARE

## Employment Application

Please be advised we consider applicants for all positions without regard to race, color, religion/creed, sex/gender, age, national origin, disability/handicap, marital or veteran status, sexual orientation, or any other legally protected status.

**PLEASE PRINT**

**DATE** \_\_\_\_\_

NAME \_\_\_\_\_ Trinidad & Tobago ID # \_\_\_\_\_

ADDRESS  
\_\_\_\_\_

DAY TIME PHONE# \_\_\_\_\_

POSITION(S) APPLIED FOR:

\_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

\_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US? Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU PREFER TO WORK FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

PLEASE INDICATE DAYS AND HOURS YOU PREFER

MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_  
FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_

PREFERRED TIMES \_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE EXPLAIN  
\_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN TRINIDAD AND TOBAGO BECAUSE OF VIA OR IMMIGRATION STATUS?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*Proof of citizenship or immigration status will be required upon employment.

**Cont...**

# 3 CINNAMON CRESCENT, SANTA ROSA HEIGHTS, ARIMA  
TRINIDAD and TOBAGO  
1-868-733-0198

IF YES, PLEASE EXPLAIN

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DESCRIBE SPECIALIZED SKILLS, TRAINING, AND ACTIVITIES THAT MAY ASSIST YOU IN PERFORMING THE POSITION FOR WHICH YOU ARE APPLYING.

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HOW DID YOU LEARN ABOUT US? Advertisement\_\_\_\_ Employment Agency\_\_\_\_

Walk In\_\_\_\_ Friend\_\_\_\_ Relative\_\_\_\_ Other\_\_\_\_\_

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

IS THERE ANY REASON KNOWN TO YOU WHY YOU CAN'T PERFORM IN A REASONABLE MANNER THE DUTIES OUTLINED IN THE JOB DESCRIPTION WITH OR WITHOUT REASONABLE ACCOMODATION? Yes\_\_\_\_\_ No\_\_\_\_\_

IF YES, HOW MIGHT WE ACCOMMODATE YOU?\_\_\_\_\_

WHAT SPECIAL ARRANGEMENTS WOULD BE NECESSARY TO ACCOMMODATE YOU?

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HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST TEN YEARS?

Yes\_\_\_\_\_ No\_\_\_\_\_

(Conviction will not necessarily disqualify an applicant for employment)

EDUCATION

<b>CIRCLE HIGHEST GRADE</b>	<b>Primary 1,2,3,4,5,6</b>	<b>Secondary 1,2,3,4,5,6</b>	<b>University 1,2,3,4</b>	<b>OTHER 1,2,3</b>
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NAME AND ADDRESS OF SCHOOL

COURSE OF STUDY

GRADUATE?

GRADE\_\_\_\_\_

UNIVERSITY\_\_\_\_\_

OTHER\_\_\_\_\_

PERSONAL REFERENCES

**\*PLEASE INCLUDE MAILING ADDRESS**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PRIOR EMPLOYMENT EXPERIENCE

1. NAME/ADDRESS/PHONE # OF EMPLOYER      DATE OF EMPLOYMENT

\_\_\_\_\_

\_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

SALARY? \_\_\_\_\_

2. NAME/ADDRESS/PHONE # OF EMPLOYER      DATE OF EMPLOYMENT

\_\_\_\_\_

\_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

SALARY? \_\_\_\_\_

3. NAME/ADDRESS/PHONE # OF EMPLOYER      DATE OF EMPLOYMENT

\_\_\_\_\_

\_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

SALARY? \_\_\_\_\_



# COMFORT KEEPERS SENIOR CARE

## Employment Application

### CONFIDENTIAL REFERENCE REQUEST

I, \_\_\_\_\_, am making application  
to the above named facility for the position of \_\_\_\_\_.

My Trinidad ID number is:\_\_\_\_\_.

I hereby authorize you to furnish Comfort Keepers Senior Care personal information regarding my employment with your organization and release you from any liability for damages arising from said information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*\*\*APPLICANT, DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Position/Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Would you rehire? \_\_\_\_\_ If not why?

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	Excellent	Good	Average	Fair	Poor
Quality of work specific to job	_____	_____	_____	_____	_____
Reliable/Dependable Attendance	_____	_____	_____	_____	_____
Neatness of Dress	_____	_____	_____	_____	_____
Adaptability-Cooperation	_____	_____	_____	_____	_____
Physical Health	_____	_____	_____	_____	_____
Profession Integrity	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

# APPLICANT'S STATEMENT

I hereby grant Comfort Keepers Senior Care permission to contact all persons and employers listed.

I give permission for Comfort Keepers Senior Care to do a criminal conviction investigation check on me.

All direct care staff who apply for employment Comfort Keepers Senior Care are required to have a criminal history record check, which is obtained by fingerprinting you and submitting it for processing.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date