



## Education

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
High School			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
College or University			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other (Specify)			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other (Specify)			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	

Please give one **personal** reference and one **professional/business** reference that we may contact.

### Personal

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Relationship \_\_\_\_\_

### Business

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Position \_\_\_\_\_

**Record of Previous Employment or Attach a Resumé**

<b>Name and Address of Company</b>			
<b>Type of Business</b>			
<b>Describe the work performed</b>			
<b>Name of Supervisor</b>		<b>Telephone</b>	
<b>Dates of Employment</b>		<b>From Mo./Yr.</b>	<b>Starting wage</b>
		<b>To Mo./Yr.</b>	<b>Ending wage</b>
<b>Reason for Leaving</b>			

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**Availability**

Part time \_\_\_\_ Please indicate the minimum and maximum of hours desired per week \_\_\_\_\_  
 Full time \_\_\_\_

	Morning	Afternoon/Evening	Overnight
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

\*Every other weekend is required.

**Do you have current training and/or certifications?** Check all that apply.

CNA \_\_\_\_\_ Medication Management \_\_\_\_\_  
 CPR \_\_\_\_\_ Dependent Adult Abuse \_\_\_\_\_  
 CPI \_\_\_\_\_ Driver's License class D3 \_\_\_\_\_

**Answers to the following questions are optional:**

Are you over the age of eighteen? \_\_\_\_\_ If no, hire is subject to verification of minimum legal employment age.

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Marital status \_\_\_\_\_

Number of dependents (including yourself) \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Please ask any questions you may have or make any additional comments in the space that follows: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Affirmative Action/Equal Opportunity:**

**It is a fundamental policy of Arch, Inc., to provide equal opportunities regardless of race, creed, color, sex, sexual orientation, national origin, age, or handicapped status, in all educational employment and contracting activities.**

**I attest that the information on this application is true and accurate.**

\_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (date)