

# The Litchfield Hill Chore Service

P. O. Box 294, Litchfield, CT 06759

Phone: 860-567-6121 - Fax: 860-567-6122

## Application for Employment

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

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*We consider applicants for all work without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.*

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**How did you learn about us?**    \_\_\_Advertisement    \_\_\_Friend    \_\_\_Walk in    \_\_\_Relative  
\_\_\_Employment Agency    \_\_\_Other

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Last Name	First Name	Middle
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Address Street	City	State	Zip
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Telephone - Home	Telephone Cell
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Social Security Number	email Address
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1. Are you currently working?    \_\_\_ Yes    \_\_\_No
  2. May we Contact the company are working for or employed by?    \_\_\_ Yes    \_\_\_No
  3. Are you prevented from lawfully working in the country because of Visa or Immigration Status?    \_\_\_ Yes    \_\_\_No  
*Proof of citizenship or immigration status will be required for you to work for the Chore Service*
  4. On what date would you be available for work?    \_\_\_\_\_
  5. Have you been convicted of a felony within the last 7 years:    \_\_\_ Yes    \_\_\_No  
*Conviction will not necessarily disqualify an applicant from employment.*
  6. If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
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List Professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

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**References:** Give name, address and telephone number of three references who are not related to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Education:** *List School & Location, Number of years attended, Degree Attained and Professional Training:*

Elementary: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

Have you ever had any job related training in the United States Military?      \_\_\_ Yes      \_\_\_ No

Please Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience:**

Start with your present or last job. Include any job related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Please describe any work with the elderly or disabled** – if not previously covered under work experience, or any other skills or qualifications that you feel are relevant to working with elderly and disabled at home:

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**Volunteer Experience:** \_\_\_\_\_

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Chore Workers help older and disabled people. Because of the nature of this work, we respectfully request that you:

- Accept only the work that you can perform comfortably.
- Be prompt, courteous, clean and sober. Call your client if you cannot make your appointment.
- Respect your client’s confidentiality as well as his or her needs.
- Refrain from bringing politics or religion to your work.
- Notify us immediately if you are unable to do the work, either temporarily or permanently.
- Bring any concerns about your work to the attention of the Core Service office.

**Time Sheets:** We ask you to submit Time Sheets within one week of work performed.

**I have read and agree to comply with the above guidelines. I certify that the answers given herein are true and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please read the items below very carefully and sign each place as noted -**

Note: Chore workers do not provide personal care or medical assistance. Workers may, with the client’s permission, drive the Chore Service clients in the client’s car.

**I agree that I will not provide personal care or medical assistance to my clients.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand that the Chore Service will be performing police and background checks. I give permission to the Chore Service to ask my previous contractors, employers, or volunteer supervisors for references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Litchfield Hills Chore Service

P. O. Box 294, Litchfield, CT 06759  
Phone: 860-567-6121 – Cell: 860-806-0954  
Fax: 860-567-6122 – WWW.ChoreServiceLH.org

## The Litchfield Hills Chore Service

### BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself including, but not limited to, consumer credit history, driving history, education and other reports. These reports may include information as to my character, work habits, job performance, and experience, along with reasons for termination of past employment. I further understand that information will be requested from various Federal, State and other agencies, which may maintain records concerning my past activities relating to my driving, credit performance, criminal conduct, civil court, and other experiences.

I authorize, without reservation, any party or agency contacted to furnish the above information.

I hereby consent to your obtaining the above information. And, I further understand that, to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

\*\*\*\*\*PLEASE FILL OUT THIS FORM COMPLETELY\*\*\*\*\*

Have you ever been convicted of a crime: Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes," in what state: \_\_\_\_\_ Year \_\_\_\_\_

Print Name: \_\_\_\_\_

List ALL other first & last names even used: \_\_\_\_\_  
Print Name Year Last Used

\_\_\_\_\_ Print Name Year Last Used \_\_\_\_\_ Print Name Year Last Used

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at current address \_\_\_\_\_

Last Previous Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at previous address \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

For Employer Use Only: Requested by \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Criminal (Indicate States) \_\_\_\_\_ Drive History \_\_\_\_\_ Employ \_\_\_\_\_ (#) Edu. \_\_\_\_\_ (#)  
Social Security \_\_\_\_\_ Prof. Licenses \_\_\_\_\_ Sex Offender Registry \_\_\_\_\_ Incarceration \_\_\_\_\_ Credit \_\_\_\_\_  
Student Conduct \_\_\_\_\_ Other \_\_\_\_\_