

APPLICATION FOR EMPLOYMENT FOR CELESTIAL

PLEASE PRINT CLEARLY

DATE: ____/____/____

FIRST NAME:	LAST NAME:	MIDDLE NAME:	SOCIAL SECURITY # ____-____-____	Pay Rate	Emp. ID #
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QUALIFICATIONS: PLEASE CIRCLE ONE CNA OR CBRF OR PCW

CNA LICENSE NUMBER:

YEARS OF EXPERIENCE:

YOUR ADDRESS:

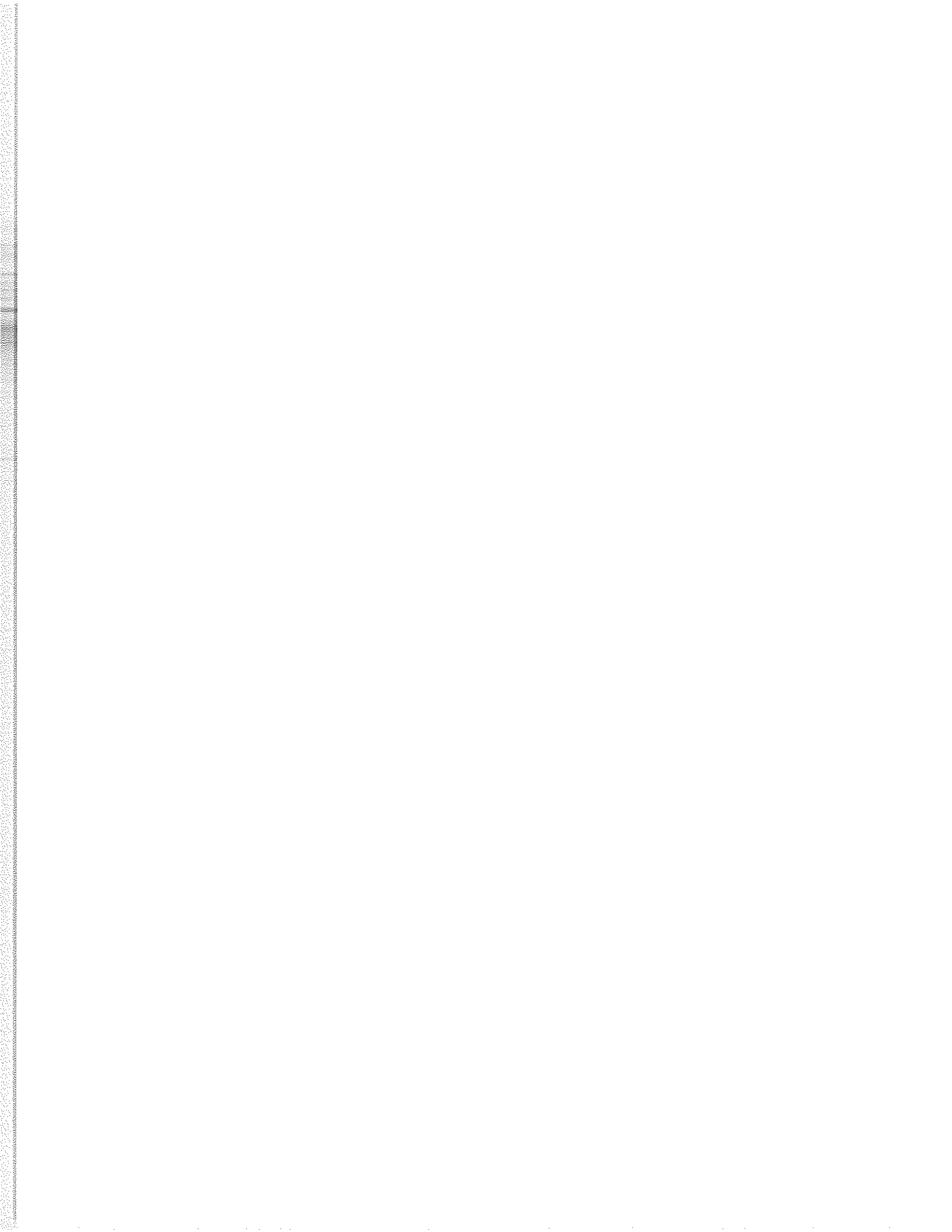
CITY/STATE/ZIP:

HOME PHONE:

CELL PHONE:

EMAIL:

PREVIOUS EMPLOYER WITH ADDRESS & PHONE	START DATE	END DATE	ENDING SALARY	POSITION HELD/DUTIES	REASON FOR LEAVING
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This company does not discriminate in hiring or any other decision on the basis of race, color sex, citizenship, national origin, ancestry, sexual orientation, or on the basis of age, physical or mental disability unrelated to ability to perform the work required. No question on the application is intended to secure information to be used for such discrimination.

I voluntarily give this company the right to make a thorough investigation of my past employment and activities and agree to cooperate in such investigation. I agree to release from all liability or responsibility all person, companies or corporations supplying such information. I agree to provide the necessary pre-employment documentation, and such future documentation as may be required by this company at such times as the company shall designate to continue employment. I understand my failure to provide the mandatory annual documentation requirements to Celestial Care/Celestial Caregivers, LLC will result in termination.

My signature below provides written consent for this company to release documentation and contents contained within my personnel file to contracted partners. I agree to release Celestial Care/Celestial Caregivers, LLC, it's personnel, from any or all liability associated with supplying such personnel information.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I attest that the information I have provided in this application to be the truth. I understand that incorrect statements, omissions or false statements appearing on this application form will be cause for termination or elimination from further consideration for employment.

I hereby agree to hold in strict confidence all confidential and/or proprietary information which I may be exposed to or acquire while working on a client assignment. Confidential client information that is not generally known to the public or industry at large includes but is not limited to: client operations, computer records, financial information, patient information, and client information.

I further agree to keep such information confidential following completion of my assignment with a client. I acknowledge my obligation to return any and all documentation. I understand that unauthorized release of any of the above described information, whether intentional or through negligence, will-be grounds for dismissal by this company. I also understand the client could take legal action against me for recovery of damages and injunctive relief.

If employed by this company, I will be required to complete an Employment Verfication Form (I-9), and will show satisfactory evidence of identity and eligibility for employment within three days.

NON-SOLICITATION AGREEMENT

I, UNDERSTAND THAT WHEN I ACCEPT A POSITION WITH CELESTIAL CARE OR CELESTIAL CAREGIVERS, INC. THAT I AGREE TO NOT SOLICITATE ANY WORK, OR BUSINESS FROM CLIENTS OF CELESTIAL CARE OR CELESTIALCAREGIVERS, INC.

I AGREE THAT I WILL PAY A OF SUM OF \$5,000 TO CELESTIAL CARE OR CELESTIAL CAREGIVERS, INC. FOR RECOVERY OF DAMAGES THAT RESULT FROM LOST BUSINESS AND SERVICES THAT RESULTED FROM A BREECH OF THIS AGREEMENT.

SIGNATURE OF APPLICANT	DATE

