

# JOB APPLICATION

**SEVEN SEAS BY CHARLY CORP A Provider of Elderly Services**  
**801 Northpoint Parkway West Palm Beach, Florida 33407**  
**561-275-1766**

SEVEN SEAS BY CHARLY CORP A Provider Of Elderly Services is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

## **Applicant Information**

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
  
**Date of Application:** \_\_\_\_\_

## **Employment Position**

**Position(s) applying for:** COMPANIONS {This position is 1099 Employment}

How did you hear about this position? \_\_\_\_\_  
What days are you available for work? \_\_\_\_\_  
What hours or shift are you available for work? \_\_\_\_\_  
If needed, are you available to work overtime? \_\_\_\_\_  
On what date can you start working if you are hired? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_  
Salary desired: \_\_\_\_\_

## **Personal Information**

Do you have any friends, relatives, or acquaintances working for SEVEN SEAS BY CHARLY CORP A Provider of Elderly Services Yes No  
If yes, state name & relationship:

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

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

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Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

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Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: SEVEN SEAS BY CHARLY CORP A Provider of Elderly Services complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. )*

**Education and Training**

**High School**

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
|      |                        |                |               |

**College/University**

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
|      |                        |                |               |

**Vocational School/Specialized Training**

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
|      |                        |                |               |

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

**Previous Employment**

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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

**References**

Please provide 2 personal and professional reference(s) below:

| Reference | Contact Information |
|-----------|---------------------|
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|           |                     |

***Additional Information:***

We require you to obtain a policy to protect yourself as 1099 contractor- **Do you have Professional Liability Insurance? Yes / No If No, will you furnish a Policy?**

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**Do you already have a Level 2 Background check? Yes / No**

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Do you understand- That this is a "1099 Contracted" position and you must pay your own taxes? **Yes / No**

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Due to Covid 19 CDC mandates as 9/21/2021 - you MUST be scanned and SCAN ALL CLIENTS before entering the home, you must wear face mask, and practice hand sanitizing; are you aware? **Yes / No**

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**AT-WILL EMPLOYMENT**

The relationship between you and the SEVEN SEAS BY CHARLY CORP A Provider of Elderly Services is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the SEVEN SEAS BY CHARLY CORP A Provider of Elderly Services . No representative of SEVEN SEAS BY CHARLY CORP A Provider of Elderly Services has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_