



# B&B Care Services, Inc.

Post Office Box 1040 • Springfield, Georgia 31329 • 912-754-0817 • 855-754-0817  
Email: [Careers@bandbcare.com](mailto:Careers@bandbcare.com)

## Application for Employment

Please Read Carefully – Write Legibly – Answer all Questions

The questions on this form are being asked to properly evaluate your ability and chance for success in the position for which you are applying. Every effort has been made to comply with the Federal Law and laws of our state. It is not our intent to discriminate in employment on account of color, race, sex, gender identification, sexual orientation, religion, age, national origin or disability.

<b>Name:</b> _____	<b>Application Date:</b> _____	
<b>Current Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Phone Number:</b> _____	<b>Alternate Phone Number:</b> _____	
<b>Email Address:</b> _____	<b>Position Desired:</b> _____	
<b>Experience:</b> ___ Yes ___ No	<b>Desired Salary:</b> _____ per _____	<b>Date Available:</b> _____
<b>Employment Type:</b> ___ FT ___ PT (___ hrs/wk) ___ PRN ___ Other: _____		
<b>Referred by and relationship to you:</b> _____		
<b>Have you ever applied to B&amp;B?</b> ___ Yes ___ No <b>If yes, when?</b> _____		
<b>Have you ever worked at B&amp;B?</b> ___ Yes ___ No <b>If yes, when?</b> _____		

### CITIZENSHIP

Do you have the legal right to live and work in the United States? \_\_\_ Yes \_\_\_ No

Can you, after employment, submit a birth certificate or other proof of U.S. Citizenship if your job legally requires it? \_\_\_ Yes \_\_\_ No **Comments:** \_\_\_\_\_

### U.S. MILITARY SERVICE

**Service Branch:** \_\_\_\_\_ **Final Rank or Rate:** \_\_\_\_\_

**Date Entered:** \_\_\_\_\_ **Date Separated:** \_\_\_\_\_ **Reserve Organization:** \_\_\_\_\_

Please list all job-related skills or experience:  
\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL

Have you ever been terminated from a job? \_\_\_ Yes \_\_\_ No **If yes, please list dates and comments:**  
\_\_\_\_\_  
\_\_\_\_\_



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Do you have any hobbies, interests or belong to any club, organization, society or professional group which has a direct bearing on your qualifications for the job which you are seeking? If yes, please explain:

## EDUCATION

\*Post-Secondary education verification required (transcript, diploma, certificate, etc.)

Type	Name of School	Location (Mailing Address)	Number of year(s) completed	Major & Degree Completed (ex: Psychology, BS or BA) (ex: Social Work, AS or AA)
High School				
Technical College				
College				
College				
College				
College				

Other details, experience or training, including information on Adult Education Programs which have a direct bearing on the job which you are seeking? If yes, describe:

## PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

TYPE	STATE ISSUED	DATE	NUMBER	VERIFIED

CPR Certified? \_\_\_ Yes \_\_\_ No- Expiration: \_\_\_\_\_ First Aid Certified? \_\_\_ Yes \_\_\_ No-Expiration: \_\_\_\_\_

**\*\*Attach copy of cards, certificates and/or license with application\*\***



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## EMPLOYMENT HISTORY

\*Give a complete 5-year employment history. Start with most recent employment.

DATES EMPLOYED	EMPLOYER NAME, ADDRESS, TELEPHONE	LAST SALARY	POSITION	REASON FOR LEAVING

May we contact your present employer for a reference? \_\_\_ Yes \_\_\_ No

## JOB REFERENCES

Please provide name, address and phone number of persons we may contact to verify your qualifications.

Non-Family members only.

NAME	ADDRESS	PHONE NUMBER	VERIFIED

Have you reviewed the job description of the position for you which you are applying? \_\_\_ Yes \_\_\_ No

Can you, with reasonable accommodations, perform all functions of the job for which you are applying?

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

## EMERGENCY CONTACT

Please provide information for at least 2 people we may contact in the event of an emergency.

NAME	ADDRESS	PHONE NUMBER	ALTERNATE NUMBER



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**Please read and initial each item below:**

- \_\_\_\_\_ I understand that any offer of employment is conditioned upon an approved physical examination at the expense of the employee if required for the particular job for which I am applying.
- \_\_\_\_\_ I understand that any offer of employment is conditioned upon the results of a drug screen; if required.
- \_\_\_\_\_ I understand that my application will be kept no longer than 60 days.
- \_\_\_\_\_ I understand B&B Care Services, Inc. to perform a Criminal Background Check on me and understand that my offer of employment is conditioned upon the results of this background check.
- \_\_\_\_\_ I have never been shown by credible evidence (e.g., a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.
- \_\_\_\_\_ The facts set forth above in my application are true and complete to the best of my knowledge. I understand that, if employed, false statements on this application shall be considered sufficient cause for my dismissal. I authorize the company to investigate all statements made on this application and in the application interview process. I further authorize the company to contact my former employer(s) and any listed references or other persons who can verify information. I give my consent for former employers or other persons contacted by and providing information to the company. I understand a criminal/police records check is required and authorize the company to make such an investigation.

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Applicant Signature

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Date of Signature

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**HR Department:**