

At Your Service Home Care

Employment Application

Applicant Information

Full Name: _____ Date: _____

Last _____ *First* _____ *M.I.* _____

Address: _____
Street Address _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Phone Numbers *(Home)* _____ *(Cell)* _____ Phone: _____

Emergency Contact _____ Phone: _____

Date Available: _____ Social Security No.: _____ Email Address: _____

How did you hear about us?

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If Yes, explain: _____

Please indicate the type of work you want: Days: _____ Evenings: _____ Overnights: _____ 24 Hour shifts: _____

Can you work with a client that smokes? _____ Can you work with a client that has animals? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list **three personal** references (DO NOT INCLUDE RELATIVES):

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Current and Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

From: _____ To: _____

May we contact your CURRENT supervisor for a reference? YES NO

Previous
Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO **We do criminal background checks please initial here:**

Driving History

Make & Yr. of Car _____ State _____

Auto Liability Ins? _____ COMPANY CONTACT: _____

Has Driver's License ever been revoked? _____

List any Traffic violations you have been involved in the last 5 years and disposition such as paid fine, traffic school, dismissed. _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____