

ABLE HOME HEALTH CARE, LLC

Employment Application



PLEASE PRINT LEGIBLY - ALL QUESTIONS MUST BE ANSWERED

APPLICANT INFORMATION

Last Name	_____	First	_____	M.I.	_____	Date	_____
Physical Address	_____			Apartment /Unit #	_____		
City	_____	State	_____	ZIP	_____		
Mailing Address	_____			Apartment /Unit #	_____		
City	_____	State	_____	ZIP	_____		
Phone	_____			Are you 18 Years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cell Phone	_____						
Date Available	_____	Social Security No.	_____	Desired Salary	_____		
Position Applied for	_____						
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we inquire of your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when _____	Reason for leaving _____			

EDUCATION

High School	_____			Address:	_____		
From	_____	To	_____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College	_____			Address:	_____		
From	_____	To	_____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other	_____			Address:	_____		
From	_____	To	_____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

GENERAL

Subjects of Special Study or Research Work _____

Special Training _____

Special Skills _____

REFERENCES

Please list three persons you are not related to, whom you have known at least one year.

Full Name	_____	Relationship	_____
Address	_____	# Years Acquainted	_____
Business	_____	Phone	_____
Full Name	_____	Relationship	_____
Address	_____	# Years Acquainted	_____
Business	_____	Phone	_____

REFERENCES (CONTINUED)

Full Name		Relationship	
Address		# Years Acquainted	
Business		Phone	

PREVIOUS EMPLOYMENT (PLEASE START WITH MOST RECENT ONE FIRST)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

CRIMINAL CONVICTIONS

Have you been convicted of a felony charge?	Yes___	No___
Have you been convicted of a misdemeanor charge?	Yes___	No___
Have your driver's license been revoked in the past 3 years.	Yes___	No___
If yes, explain on the next page. (Answering yes will not necessarily exclude you from consideration)		

CRIMINAL CONVICTIONS EXPLANATION (IF ANSWERED YES ON PREVIOUS PAGE)

PERSONAL HEALTH

Excellent _____ Good _____ Fair _____ Poor _____

This job may require lifting and turning patients. Do you have any physical restrictions that would prevent you from lifting or turning patients? Yes _____ No _____

If Yes, explain _____

REFERRAL

Who referred you to this agency?

State Employment Office _____ Newspaper Advertising _____ Employment Agency _____ Friend _____ Walk In _____

DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release this agency from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized agency representative. By signing below, I give Agency Administrative Staff permission to contact my references.

Signature

Date

END OF EMPLOYMENT APPLICATION