



APPLICATION FOR EMPLOYMENT

General Information		
Name: (Last)	(First)	(Middle Initial)
Address:		
City:	State :	Zip:
Home Telephone:	Cell:	
E-Mail Address:		
Social Security Number:		
Are you legally entitled to work in the U.S.? Yes / No		Are you age 18 or older? Yes / No
Please list all of the states in which you have worked/lived:		
Drivers License Information		
Do you have a valid driver license? Yes / No		Issuing State:
Driver License Number:		
Education, Training, Certifications		
Do you have a High School Diploma? Yes / No		Do you have a GED? Yes / No
Are you currently a student? Yes / No * If yes, which school/location/major?		
Other Education after High School (most recent first):		
Name of School, City, State	Major Course of Study	Degree Earned
Are you C.N.A. Certified? Yes / No		License Number: State:
Do you hold any other certifications? Yes / No Explain:		
Nursing License Number (if applicable):		State:
If you answered yes, have you ever had a registry listing or certification marked for abuse or neglect? Yes / No		
*If yes, please explain (include charge/date/location):		



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Background Information

Have you ever been found guilty by a court of law of abusing, neglecting, or mistreating children/adults, or theft of property? Yes / No *If Yes, please explain (include charge / date / location):

Have you ever been convicted of a crime (not including a minor traffic violation)? Yes / No
*If yes, please explain (including charge/date/location):

Additional Information and Skills

Describe volunteer work, ministry, community involvement, hobbies or other qualifications/skill and interests:

Work Experience (Current or most recent first)

1. Employer:	Telephone:	
City/State:	Job Title/Duties:	
Dates Employed:	Hourly Pay:	Supervisor:
Reason for Leaving:	May we contact this employer? Yes / No	
2. Employer:	Telephone:	
City/State:	Job Title/Duties:	
Dates Employed:	Hourly Pay:	Supervisor:
Reason for Leaving:	May we contact this employer? Yes / No	



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3. Employer:	Telephone:	
City/State:	Job Title/Duties:	
Dates Employed:	Hourly Pay:	Supervisor:
Reason for Leaving:	May we contact this employer? Yes / No	

References		
<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>

Work Availability		
Date you can start work:	Are you available to work weekends? Yes / No	Evenings? Yes / No
Total hours per week desired:		
What is your desired work schedule (days/hours)?		
<u>Day</u>	<u>From (Time of Day)</u>	<u>To (Time of Day)</u>
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I certify the information contained in this application is true, correct and complete. I understand that if I become employed with AllHealth Home Care, LLC, false statements reported on this application may be considered sufficient cause for dismissal.

Applicant Signature _____ Date: _____

AllHealth Home Care, LLC is an equal opportunity employer.