

Angel Hands Home Care

Employment Application

This Employment Application Will Remain Active for Six (6) months from Date of Completion

Background Information

Name: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Alternate Phone: _____

Date Available to Start: _____ Please Check: Full-Time Part-Time Temporary

What schedules are you available? Weekdays Weekends Evenings Overtime Nights

Desired Pay Rate: \$ _____ Position(s) Applied For: _____

How did you learn about Angel Hands Home Care? _____

Have you ever worked for Angel Hands Home Care before? Yes No If Yes, Dates _____

Have you ever applied for work with Angel Hands Home Care before? Yes No If Yes, Dates _____

Do any of your friends or relatives work here? Yes No If Yes, name and relationship _____

Additional Screening Information

Can you provide proof of your right to work in the US? Yes No

Are you willing to work overtime? Yes No Do you have Reliable Transportation? Yes No

Have You Been Convicted of, or Plead Guilty to, Any Crime Within the Last Ten (10) Years? Yes No
(Subject to applicable law, a conviction may not necessarily disqualify you from employment.)

If Yes, Please list ALL Convictions: _____

Are You At Least Eighteen (18) Years of Age? Yes No

Do you speak or write any foreign language? Yes No
If yes, please explain: _____

Education and Training Summary

High School: _____ City & State: _____

Diploma? Yes No G. E. D. If no diploma, highest grade completed: _____

College: _____ City & State: _____

Graduated? Yes No Degree: _____

Other: _____ City & State: _____

Graduated? Yes No Degree: _____

Please list any certifications or licenses received: _____

Work History

(Please list most recent position first)

1. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____

Job Title: _____ If No Longer Employed, Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehire? Yes No If No, Why? _____

If Still Employed, May We Contact Your Current Supervisor for a Reference? Yes No

2. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehire? Yes No If No, Why? _____

3. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehire? Yes No If No, Why? _____

4. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehire? Yes No If No, Why? _____

Please List Three Professional References of Past or Current Supervisors

Full Name _____ Title _____
Company _____ Phone _____
Full Name _____ Title _____
Company _____ Phone _____
Full Name _____ Title _____
Company _____ Phone _____

Please List Two Character References That Are Not Relatives

Full Name _____ Occupation _____ Phone _____
Full Name _____ Occupation _____ Phone _____

Equal Opportunity Statement

Angel Hands Home Care provides equal employment opportunities to all employees and applicants without regard to race, color, creed, religion, sex, national origin, age, citizenship, disability, marital status, veteran status or any other protected status. This policy governs all areas of employment at Angel Hands Home Care, including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline and terminations.

Confidentiality Agreement and Employment-At-Will

I understand that if I am employed by Angel Hands Home Care for any duration, that such employment is of an AT WILL nature, meaning that I can end my employment relationship with Angel Hands Home Care at any time, for any reason or no reason at all, and that Angel Hands Home Care may terminate my employment at any time, for any reason, with or without cause, or for no reason at all. I also understand and acknowledge that completion of this application for employment does not guarantee me a personal interview, an offer of employment, or consideration for current or future openings, and that no commitments are made or implied regarding employment, and that this document does not create a contract of employment or otherwise, either express or implied, between Angel Hands Home Care and myself.

Furthermore, In the event I am hired by Angel Hands Home Care, I will not disclose, use or take, directly or indirectly, either during or after my employment, any property of Angel Hands Home Care or confidential or proprietary information concerning Angel Hands Home Care' clients, vendors, employees and / or its business. I also agree to deliver promptly to Angel Hands Home Care, on request or on the date of termination of my employment, all documents, copies thereof, and other materials relating to any confidential or proprietary information that is the property of Angel Hands Home Care. Additionally, I agree to return all equipment, tools, instruments, identification badges / documents, materials, outstanding cash advances, wages paid in error, credit cards, keys, software, hardware, or any other items furnished to me by Angel Hands Home Care. I hereby agree that if I do not return said items and/or cash, I authorize Angel Hands Home Care or its agent, to deduct the value of such items from my paycheck. All deductions will be done in accordance with the law.

Acknowledgement and Agreement:

Applicants Signature

Date