



Job Application

Resilient Assistant Wellness Care, LLC
1201 W. Peachtree St. NW, Ste 2300, Atlanta, Georgia 30309
(470) 202-4694

Resilient Assistant Wellness Care LLC is an equal opportunity employer. This application will not be used for limiting or excluding any application from consideration for employment on a basis prohibited by local, state, or federal law. Should any applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Application Information

Applicant Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

How did you hear about the position? _____

What days are you available to work? ___ Sun ___ Mon ___ Tues ___ Wed ___ Thr ___ Fri ___ Sat

Salary desired:

Personal Information

Date of Birth: _____

What document can you provide as proof of citizenship or legal status? (Please send a copy)

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.



(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Resilient Assistant Wellness Care, LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University/Trade School

Name	Location (City, State)	Year Graduated	Degree Earned

Previous Employment

Employer Name: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Employer Telephone: _____



Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

References

Please provide (1) personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and Resilient Assistant Wellness Care LLC is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Resilient Assistant Wellness Care LLC. No representative of Resilient Assistant Wellness Care LLC has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Chief Executive Officer or the Chief Operations Officer.

Applicant
Signature: _____

Date: _____