

Katherine's Care Angel, LLC

4854 Old National Highway Suite 205

College Park, Ga. 30037

Phone: (404)731-5557



Employment Application

Personal Data

Name:			Date:		
Street Address:					
City:		State:		Zip:	
Phone #:	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home	<input type="checkbox"/> Work	Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of Education Completed:	<input type="checkbox"/> High School	<input type="checkbox"/> Trade School	<input type="checkbox"/> College	<input type="checkbox"/> Graduate	<input type="checkbox"/> Other
Professional Organizations:					
If under 18, please list age:		Do you have a driver's license:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License Number:			Issued in what State:		
Accidents during the past three years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many:	
Moving violations during the past 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many:	
Are you legally eligible to work in the US?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If selected for employment are you willing to submit to a background check?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:			

Position

Position Applying For:			Available Start Date:		
Availability:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Status:	<input type="checkbox"/> Regular	<input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Shift:	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	Shift:	<input type="checkbox"/> Graveyard	<input type="checkbox"/> Swing <input type="checkbox"/> Weekends
Desired Pay:	Will you work overtime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been told or read the essential functions of the job and can you perform them?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education

School Name	Location	Degree Received	Major

List any special skills or experiences that you feel would help you in the position that you are applying for.

Work History

Job Title:		Start Date:	End Date:
Company Name:		Supervisors Name:	
City: Phone #:		State:	Zip:
Duties:	Starting Salary:	Ending Salary:	
Reason for Leaving:			
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Title:		Start Date:	End Date:
Company Name:		Supervisors Name:	
City:		State:	Zip:
Phone #:	Starting Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			

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City:		State:	Zip:
Phone #:	Starting Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			

References

Name	Phone	Relationship to You

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal.

Signature Printed Name Date