Employment Application

Please Print Information Clearly!

Date: _____

Position:_____

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____-_____-_____ Date of Birth: _____/_____/_____

Married Status: _____ Race: _____

Address: _____

Street City State Zip code

Home Phone (_____) _____ Mobile Phone (_____) _____ Email: _____

Days/Hours Available to work				
Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____
Saturday _____	Sunday _____			

Employment Desired Full Time (or) Part Time Desired Salary: $_____/hr.

Are you currently employed? Yes No

How many hours can you work weekly? _____ Can you work nights? Yes (or) No

Have you ever applied for employment with this Agency? Yes No

Are you legally eligible for employment in the United States? Yes No

How did you learn of our organization? ____ Newspaper ____ Employee ____Other Are

you willing to work: _____ Evenings? _____ Weekends?

When are you available to start? _____ Can you work holiday? Yes (or) No

Heavenly Caring Hands LLC is an equal employment opportunity organization. We adhere to a policy of making employment decisions without regard to race, sex, religion, citizenship, age, and disability. We assure you that your opportunity for employment with Heavenly Caring Hands LLC truly depends on your experience and qualification. Thank you for applying with us!

Heavenly
CARING HANDS LLC

Education

Type of School	Name of School	Location City/State	Number of Years Completed	Did You Graduate?	Year Completion	Major/Degree
High School				Yes (or) No		
College				Yes (or) No		
Trade School				Yes (or) No		
Others				Yes (or) No		

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes (or) No

If yes, please explain_____

Have you ever been convicted of a felony? Yes (or) No

If yes, please explain_____

Military

Have you ever been in the armed forces? Yes (or) No

Are you a member of the nation guard? Yes (or) No

Date Entered: _____ Discharge Date: _____

Transportation

Do you have a valid Driver license? Yes (or) No

Driver's License Number: _____ State of Issue: _____ Expiration Date: _____

Do you have reliable transportation? Yes (or) No

Have you had any accidents in the past three years? Yes (or) No If Yes, how many? _____

Have you had any moving Violations during the past three years? Yes (or) No If Yes, how many? _____

Vehicle Information

Make: _____ Color: _____ Model: _____

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Professional References *(No Relative)*

Professional Reference 1

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip code: _____ Home Phone (_____) _____ Mobile Phone: (_____) _____

Company Information

Company: _____ Job Title: _____

Address: _____ City: _____ State: _____

Zip code: _____ Business Phone (_____) _____ Ext: (_____)

Professional Reference 2

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip code: _____ Home Phone (_____) _____ Mobile Phone: (_____) _____

Company Information

Company: _____ Job Title: _____

Address: _____ City: _____ State: _____

Zip code: _____ Business Phone (_____) _____ Ext: (_____)

Professional Reference 3

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip code: _____ Home Phone (_____) _____ Mobile Phone: (_____) _____

Company Information

Company: _____ Job Title: _____

Address: _____ City: _____ State: _____

Zip code: _____ Business Phone (_____) _____ Ext: (_____)

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Work Experience

Please list your work experience for the past five years beginning with your most recent job held.

Name of Employer: _____ Job Tile: _____

Address: _____

City: _____ State: _____ Zip code: _____ County: _____

Name of Supervisor: _____ Business Phone: (_____) _____

Employment Dates: From: _____ To: _____ Fax: (_____)_____

Start Pay Rate: _____ Final Pay Rate: _____ Yearly Salary: _____

Reason for leaving (be specific)_____

_____

List job duties performed, skills used or learned while employed with this company: _____

_____

_____

Name of Employer: _____ Job Tile: _____

Address: _____

City: _____ State: _____ Zip code: _____ County: _____

Name of Supervisor: _____ Business Phone: (_____) _____

Employment Dates: From: _____ To: _____ Fax: (_____)_____

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Employment Dates: From: _____ To: _____ Fax: (_____)_____

Start Pay Rate: _____ Final Pay Rate: _____ Yearly Salary: _____

Reason for leaving (be specific) _____

_____

List job duties performed, skills used or learned while employed with this company: _____

_____

_____

Was your last name different from your present name during the above listed jobs? Yes No

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May we contact your supervisor for a reference? Yes (or) No May we contact your recent employer? Yes (or) No

Employee Emergency Contact

In case of emergency, please contact:

Name: _____ Relationship: _____

Address: _____

Street City State Zip code

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Please notify Heavenly Caring Hands LLC immediately; if any of the emergency contact information changes

Employment Application Agreement

(Please Read Carefully)

I certify that all information on this application is accurate and completed to the best of my knowledge. I understand that false statement will constitute enough cause for refusal of hire or termination of my employment

Signature of Applicant: _____ Date: _____

I understand that, if I accept employment with Heavenly Caring Hands LLC employment will be on an at-will basis. This mean that either Heavenly Caring hands LLC or I have the right to terminate the employment relationship at any time and for any reason.

Signature of Applicant: _____ Date: _____

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I agree to submit to drug and alcohol testing, if requested by Heavenly Caring Hands LLC. Signature of Applicant: _____ Date: _____
I authorize Heavenly Caring Hands LLC to investigate information concerning my education, employment exercises and all other aspects of my background. I release Heavenly Caring Hands LLC and its employees from all liability arising from investigation. Signature of Applicant: _____ Date: _____

Thank you for applying with us!

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