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| **Best Choice home health care, llc****Employment Application**  **DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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| Applicant Information |
| Last Name |  | First |  | M.I. | D.O.B |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Security No. |  | Desired Salary |  |
| Position Applied for |  |
| Are you a citizen of the United States? | YES ☐ | NO ☐ | If no, are you authorized to work in the U.S.? | YES ☐ | NO ☐ |
| Have you ever worked for this company? | YES ☐ | NO ☐ | If so, when? |  |
| Have you ever been convicted of a felony? | YES ☐ | NO ☐ | If yes, explain |  |
| Do you have a driver’s license? | YES ☐ | NO ☐ | Additional Information |  |
| Do you have access to a vehicle? | YES ☐ | NO ☐ | Additional Information |  |
| Do you have access to public transportation? | YES ☐ | NO ☐ | Additional Information |  |
| Will you work in a home with pets? | YES ☐ | NO ☐ | Additional Information |  |
| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES ☐ | NO ☐ | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES ☐ | NO ☐ | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES ☐ | NO ☐ | Degree |  |
| References *(Please list three professional references)* |
| Full Name |  | Relationship |  |
| Address |  | Phone |  |
| Full Name |  | Relationship |  |
| Address |  | Phone |  |
| Full Name |  | Relationship |  |
| Address |  | Phone |  |

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| Previous Employment |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES ☐ | NO ☐ |  |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES ☐ | NO ☐ |  |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES ☐ | NO ☐ |  |
| Military Service |
| Branch: |  | From: |  | To: |  |
| Rank at Discharge: |  | Type of Discharge: |  |
| If other than honorable, explain: |  |
| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature: |  | Date: |  |