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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: |  | | |