



Heaven Sent Home Health Care, PLLC
405 Battleground Ave Suite 200 Greensboro, NC 27409
Ph: 336-543-6567

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

				Date _____	
Name _____					
Last	First	Middle	Maiden		
Current address _____					
Number		Street	City	State	Zip
Previous address _____					
Number		Street	City	State	Zip
Marital Status _____					
Telephone () _____ E-mail: _____					
Referred By: _____					
Emergency Contact: _____ Phone: _____					

EMPLOYMENT DESIRED

Position(s) applied for: _____	
Employment desired	<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY
When are you available to start work?	

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				



WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Did you complete this application yourself?

☐ Yes ☐ No

If not, who did? _____

Name of Employer Address City, State, Zip Phone number	Name of supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			



Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.		
Have you ever been employed with this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?		
Do you have any friends or relatives employed by this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their names and relationship to you.		

REFERENCES		
Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.		
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation



Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Authorization

I certify that the information provided within this application is accurate and complete to the best of my knowledge and I understand, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal, or otherwise and release the company from all liability of any damage that may result from utilization of such information.

I will consent as part of the pre-employment screening to undergo a criminal background check and urine drug screen, as well as license or certification verification.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and/or other relevant Federal and State laws.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant	Date