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**APPLICATION FOR EMPLOYMENT**

The policy of Angel Care., prohibits discrimination in employment because of race, color, religion, national origin, etc.

**APPLICATION FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF APPLICATION**: \_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last First Middle**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street, Apt# City State Zip

Are you at least 18yrs of age? Yes No Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the U.S? Yes No Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed Angel Care ? Yes No

If yes, When ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FT PT PRN OTHER

Relatives currently working at Angel Care.

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **Location** | **Current Position** |
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Have you ever been convicted in a court other than for a traffic violation? Yes No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT INFORMATION**

TYPE OF EMPLOYMENT PREFERRED

Full Time Part Time Occasional (PRN) Temporary Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available to work the following shifts: Any Days Evenings Rotating

Are you available to work weekends? Yes No Any days, shifts you cannot work? \_\_\_\_\_\_\_\_\_\_\_\_

All

Every Other

Occasional

**Desired Salary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Are you presently employed? Yes No

Have you ever been employed? Yes No

If so, list below all present and past employment beginning with the most recent.

May inquiry be made to your present employer? Yes No

All names you’ve used or known by in the past 10 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Company & Address** | **Dates of Employment** | **Position / Title** | **Phone Number** | **Reason for leaving** |
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High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if known) City State Zip Code

**Emergency Contact:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLEGE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name / Location**  **(City, State)** | **Dates Attended** | **Graduate**  **YES or NO** | **Type of Degree Or Major** |
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**GRADUATE OR PROFESSIONAL SCHOOL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name / Location**  **(City , State)** | **Dates Attended** | **Graduate**  **YES or NO** | **Type of Degree Or**  **Major** |
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**OTHER SCHOOLS, CERTIFICATIONS, Licensures, Etc.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name / Location**  **(City, State)** | **Dates Attended** | **Type of Program** | **Graduate**  **YES or NO** | **License / Certifications** |
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Do you have a valid driver’s license? License Number State Renewal Date

Yes No

For certified, licensed or Registered Applicants ONLY

* Licensed
* Certified
* Registered

Certificate No. Renewal No. Expiration Date Issued In: (State)

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_