



EMPLOYMENT APPLICATION

DATE OF APPLICATION: Month _____ Day _____ Year _____

Employer: Attentive Companions Home Care
Address: 5163 Gen. DeGaulle Drive, STE 200
City/State/ZIP: New Orleans, Louisiana 70131
Telephone: 504-388-8229

It is the policy of Attentive Companions Home Care to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

APPLICANT INFORMATION

PRINT LAST NAME	FIRST NAME	MIDDLE
HOME ADDRESS	CITY, STATE, ZIP	HOW LONG AT THIS ADDRESS
DAYTIME PHONE:	EVENING PHONE:	MOBILE PHONE:
SOCIAL SECURITY NUMBER:	DRIVERS LICENSE/STATE NUMBER:	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO (UPON HIRING, ALL PERSONS MUST VERIFY ELIGIBILITY TO BE EMPLOYED IN THE UNITED STATES.)		
HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR NOLO CONTEDERE (NO CONTEST) TO A CRIMINAL DEFENSE OTHER THAN MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.		
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. <small>THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.</small>		

EMERGENCY CONTACT

CONTACT NAME:	PHONE:	OTHER PHONE:	RELATION TO YOU:
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EMPLOYMENT INTEREST

POSITION APPLIED FOR:		REFERRED BY:
SALARY DESIRED: \$ _____ PER _____	TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP	AVAILABLE TO START: MONTH _____ DAY _____
ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE ANY LIMITATIONS:	IF APPLICABLE, ARE YOU AVAILABLE TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, CAN YOU PROVIDE US WITH A WORK PERMIT?	ARE YOU AT LEAST 21 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW OFTEN?	
HAVE YOU APPLIED TO OUR COMPANY PREVIOUSLY: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, When:		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB POSITION YOU SEEK WITH OR WITHOUT REASONABLE ACCOMMODATION? : <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF NO, WHAT REASONABLE ACCOMMODATION WOULD YOU REQUEST?		

EDUCATION, TRAINING, SKILLS

NAME OF SCHOOL	ADDRESS OF SCHOOL	# OF YEARS COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER EDUCATION OR TECHNICAL TRAINING			<input type="checkbox"/> YES <input type="checkbox"/> NO

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the Number which corresponds to your ability for each particular skill. (1 represents poor ability, while five represents exceptional ability.)

SKILLS**YEARS OF EXPERIENCE****ABILITY OR RATING**

	PERSONAL CARE ATTENDANT / NURSING ASSISTANT		1	2	3	4	5
	ATTENTION TO DETAIL		1	2	3	4	5
	TIME MANAGEMENT		1	2	3	4	5
	COMMUNICATION		1	2	3	4	5
	COMPASSION		1	2	3	4	5
	FLEXIBILITY		1	2	3	4	5
	OTHER:		1	2	3	4	5
	OTHER:		1	2	3	4	5

List Current or Most Recent Employer First**EMPLOYMENT HISTORY**

COMPANY NAME	FROM MO/YEAR	TO MO/YEAR	PHONE #
ADDRESS	CITY, STATE, ZIP		
DEPARTMENT:	IMMEDIATE SUPERVISOR & TITLE:	SALARY START:	SALARY END:
JOB TITLE AND DESCRIPTION OF DUTES:			
REASON FOR LEAVING			

Employer 2

COMPANY NAME	FROM MO/YEAR	TO MO/YEAR	PHONE #
ADDRESS	CITY, STATE, ZIP		
DEPARTMENT:	IMMEDIATE SUPERVISOR & TITLE:	SALARY START:	SALARY END:
JOB TITLE AND DESCRIPTION OF DUTES:			
REASON FOR LEAVING			

EMPLOYER 3

COMPANY NAME	FROM MO/YEAR	TO MO/YEAR	PHONE #
ADDRESS	CITY, STATE, ZIP		
DEPARTMENT:	IMMEDIATE SUPERVISOR & TITLE:	SALARY START:	SALARY END:
JOB TITLE AND DESCRIPTION OF DUITES:			
REASON FOR LEAVING			

REFERENCES			
PLEASE LIST THREE (3) PEOPLE WHO KNOW OF YOUR WORK ABILITIES, DO NOT LIST RELATIVES			
CONTACT NAME	COMPANY	ADDRESS	PHONE NUMBER

PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU BELIEVE SHOULD BE CONSIDERED, INCLUDING WHETHER YOU ARE BOUND BY ANY AGREEMENT WITH ANY CURRENT EMPLOYER.

In addition to, Please feel free to use this space as additional space for other application responses.

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CERTIFICATION

I _____, certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize **Attentive Companions Home Care** to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Human Resources Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Attentive Companions Home Care, except in a specific written contract of employment signed on behalf of the organization by its Human Resources Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE