



Application

Availability: check all that you could work

Mon____ Tues____ Weds____ Thurs____ Fri____ Sat____ Sun____
Day hours____ Evening hours (5-9P)____ nights (9P-12MN)____ overnights____ live-in____

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired: ☐ Per Diem Number of Hours: _____
☐ Part Time Number of Hours: _____
☐ Full Time Number of Hours: _____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip Code _____

(____) _____ (____) _____ (____) _____
) _____
Home Phone Number _____ Cell Phone Number or _____ Work Phone Number _____

Email address _____

Language skills other than English (written/spoken)

Have you ever been employed here before? Yes or No If yes, when? _____

Are you legally eligible for employment in the US? ☐ Yes ☐ No

If not legal citizen: Do you have a green card? ☐ Yes ☐ No

Do you have a social security card? ☐ Yes ☐ No

Has your visa expired? ☐ Yes ☐ No

REFERRAL INFORMATION

How did you hear about us? (Please check)

☐ Newspaper Ad _____ ☐ Internet _____

Which newspaper?

Which site?

☐ Current Employee _____

We'd like to thank them.

☐ Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Powered By Love Home Care LLC an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Employment History - *Please begin with your most recent or current place of employment.*

Place of Employment: _____	Start Date: _____
Address: _____	End Date: _____
Position: _____	Phone Number: (____) _____
Supervisor: _____	Salary: _____
Reason for Leaving: _____	Final Salary: _____

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Address: _____	End Date: _____
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Supervisor: _____	Salary: _____
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Address: _____	End Date: _____
Position: _____	Phone Number: (____) _____
Supervisor: _____	Salary: _____
Reason for Leaving: _____	Final Salary: _____

Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School:	_____			
College:	_____			
Other:	_____			
Other:	_____			
Military Service				
Branch of Service:	_____	Dates of Service:	_____	
Highest Rank Achieved:	_____	Currently in a Reserve Unit?	Yes / No	
Special Schooling and/or Duties:	_____			

Licenses and Certifications	ID Number	Expiration Date	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. ☐ further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date