

JOB APPLICATION
ABUNDANT CARE AGENCY LLC
2320 E. North Street #E-F
Greenville, South Carolina 29607 (864) 775-8644

ABUNDANT CARE AGENCY LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Employment Position

Position(s) applying for: Caregiver

How did you hear about this position?	
What days are you available for work?	
What hours or shift are you available for work?	
If needed, are you available to work overtime?	
On what date can you start working if you are hired?	
Do you have reliable transportation to and from work?	

Personal Information

Are you 18 years of age or older?
Are you a U.S. citizen or approved to work in the United States?
What document can you provide as proof of citizenship or legal status?

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Yes No

disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: ABUNDANT CARE AGENCY LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services?

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

References

Please provide 1 personal and professional reference(s) below:

Reference	Contact Information
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AT-WILL EMPLOYMENT

The relationship between you and the ABUNDANT CARE AGENCY LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the ABUNDANT CARE AGENCY LLC. No representative of ABUNDANT CARE AGENCY LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant
Signature:

Dated:
