



Loving Family Home Care Incorporated

hr@LFHCI.com • 2600 N Reynolds Rd Suite 101a, Toledo, OH 43615

888-469-2178 Extension 3 • 888-469-3243 Fax

APPLICANT INFORMATION

Last Name	<input type="text"/>	First	<input type="text"/>	Initial	<input type="text"/>	Date	<input type="text"/>
Street Address	<input type="text"/>					Apt./Unit #	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>		Zip Code	<input type="text"/>	
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>	E-mail Address	<input type="text"/>		
Date Available	<input type="text"/>	Social Security #	<input type="text"/>		Birth Date	<input type="text"/>	
Driver's License #	<input type="text"/>			State	<input type="text"/>	Expires	<input type="text"/>
Position Applied for	<input type="text"/>	Certifications	<input type="text"/>		CPR/FA	<input type="text"/>	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	<input type="text"/>			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	<input type="text"/>			
Have you lived in Ohio for the last five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

EDUCATION

High School	<input type="text"/>	Address	<input type="text"/>					
From	<input type="text"/>	To	<input type="text"/>	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	<input type="text"/>
College	<input type="text"/>		Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	<input type="text"/>
Other	<input type="text"/>		Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	<input type="text"/>

PROFESSIONAL REFERENCES

Please list three professional references.

Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting Pay \$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Starting Pay \$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Pay \$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ENTER YOUR AVAILABILITY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EMERGENCY CONTACTS

Name		Address		Phone	
Name		Address		Phone	

DISCLAIMER AND SIGNATURE

As part of the procedure for processing my employment application, my personal and employment references will be checked. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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