



EMPLOYMENT APPLICATION

Date: ___/___/20___

PERSONAL INFORMATION

Full Name _____

First Name

Middle Name

Last Name

Address _____

Street

Apt / Suite

City

State

Zip Code

E:mail _____@_____.com Phone _____-_____-_____

SS Number _____-_____-_____

Desired Pay\$_____._____

Position Applied For:_____

____ Full Time ____ Part Time ____ Per-diem

EMPLOYMENT ELIGIBILITY

Are you legally eligible to work in the US? ____ YES ____ NO

Have you ever worked for this employer? ____ YES ____ NO If Yes, when? _____

Have you ever been convicted of a crime? ____ YES ____ NO If Yes please explain: _____

EDUCATION

High School Name: _____ City / State: _____

Start: _____ To: _____ Graduated? ____ YES ____ NO Degree Earned: _____

College: _____ City / State: _____

Start: _____ To: _____ Graduated? ____ YES ____ NO Degree Earned: _____

Other: _____ City / State: _____

Start: _____ To: _____ Graduated? ____ YES ____ NO Degree Earned: _____

Do you have any special skills or participate in any volunteer organizations you would like us to know about?

PREVIOUS EMPLOYMENT

Please list employment history starting with most recent employer first.

1.) Employer: _____ From: _____ To: _____

Employer Address _____

Street City State Zip Code

Phone _____ - _____ - _____ Ending Pay\$ _____ . _____ Job Title: _____

Reason for Leaving: _____ May we contact? ___ YES ___ NO

Job Duties: _____

2.) Employer: _____ From: _____ To: _____

Employer Address _____

Street City State Zip Code

Phone _____ - _____ - _____ Ending Pay\$ _____ . _____ Job Title: _____

Reason for Leaving: _____ May we contact? ___ YES ___ NO

Job Duties: _____

3.) Employer: _____ From: _____ To: _____

Employer Address _____

Street City State Zip Code

Phone _____ - _____ - _____ Ending Pay\$ _____ . _____ Job Title: _____

Reason for Leaving: _____ May we contact? ___ YES ___ NO

Job Duties: _____

PROFESSIONAL REFERENCES

**Professional References must be someone who can verify your work ethics and ability to provide care to individuals in their home. They should not include any relatives or friends. **

1.) Full Name: _____ How do you know this person? _____

How long have you known this person? _____ years Phone Number _____ - _____ - _____

2.) Full Name: _____ How do you know this person? _____

How long have you known this person? _____ years Phone Number _____ - _____ - _____

3.) Full Name: _____ How do you know this person? _____

How long have you known this person? _____ years Phone Number _____ - _____ - _____

PERSONAL REFERENCES

**Personal References should be someone who can verify your character, integrity and skills. They should not include any family members. **

1.) Full Name: _____ How do you know this person? _____

How long have you known this person? _____ years Phone Number ____ - ____ - _____

2.) Full Name: _____ How do you know this person? _____

How long have you known this person? _____ years Phone Number ____ - ____ - _____

3.) Full Name: _____ How do you know this person? _____

How long have you known this person? _____ years Phone Number ____ - ____ - _____

MILITARY SERVICE

Are you a Veteran? ____ YES ____ NO Branch: _____ Rank at Discharge: _____

From: _____ To: _____ Type of Discharge: _____

BACKGRUOND CHECK CONSENT

If asked, are you willing to consent to a background check? ____ YES ____ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please complete it in its entirety in order for it to be considered. Please complete the entire application even if you submit a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this applications leads to employment with A Life to Live Home Care, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Applicant Signature: _____ Applicant Printed Name: _____

Date: ____/____/20____

-----For Admin Use Only-----

Signature of Reviewer: _____ Date: ____/____/20____