

# ANGEL CARE HOME HEALTH SERVICES

## Employment Application

Applicant Information					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Date of Birth	
Position Applied for			Desired Salary		
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	
				YES	NO
Have you ever worked for this company?		YES	NO	If so, when?	
Have you ever been convicted of a felony?		YES	NO	If yes, explain	

Education					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

References <i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

Previous Employment				
Company		Phone ( )		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company		Phone ( )		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company		Phone ( )		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	

Military Service	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Disclaimer and Signature	
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