

All About You Home Care, Inc

An Equal Opportunity Employer

Application for Employment

Employees of AAYHC and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the office to which you are applying.

1. Position applied for _____
(One per application)
2. Date _____
3. Full legal name _____
4. Social Security # _____
5. Address _____

City State Zip
6. Phone # _____
7. E-mail _____
8. Other Names used: _____

9. Previous Addresses: Please list the City and States in which you have lived, worked, attended school, temporary, etc., in the past seven years.

- From ___/___ To ___/___ _____
- From ___/___ To ___/___ _____
- From ___/___ To ___/___ _____

General Information:

Referral Source: _____

- Advertisement Employment Agency Friend Relative Other

Date Available for Work _____ Full Time Part Time Temporary

Days Available to Work Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Shift Available to Work Day Evening Over Night

Have you ever been employed by AAY before? Yes No If Yes, please provide dates and positions below.

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Some jobs require employees to be 18 yrs of age or older. Do you meet this requirement? Yes No

If not, can you provide a work permit? Yes No

Have you ever been convicted of a misdemeanor or felony in any jurisdiction? Yes No
(Convictions do not necessarily disqualify applicant from employment.)

If convicted, please explain: _____

Have you ever been the subject of a substantiated allegation of abuse? Yes No

Do you have a valid driver's license? Yes No If yes, please provide information below.

State of issue _____ License # _____ Exp. Date _____

Have you ever been convicted of any moving violations, including but not limited to, alcohol and drug related offenses. You must include any suspension, revocation or any occurrence involving harm to persons or property while driving. If so please explain.

Education:

Highest grade completed Circle one 1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma? Yes No

Number of years of post high school education Circle one 1 2 3 4 5 6 7

Name and Address of Institution	Degree Received	Major	Dates Attended

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

Please list other applicable certificates, certifications or trainings: _____

Employment History:

Start with the most recent or present job. We will contact your last place of employment. List complete information for all fields.

1. Job Title: _____ Duties: _____
Employer: _____
Address: _____

Phone: _____
Fax: _____ E-mail: _____
Immediate Supervisor: _____ Title: _____
Start Date: _____ End Date: _____ Start pay: _____ End pay: _____
Reason for leaving: _____

2. Job Title: _____ Duties: _____
Employer: _____
Address: _____

Phone: _____
Fax: _____ E-mail: _____
Immediate Supervisor: _____ Title: _____
Start Date: _____ End Date: _____ Start pay: _____ End pay: _____
Reason for leaving: _____

3. Job Title: _____ Duties: _____
Employer: _____
Address: _____

Phone: _____
Fax: _____ E-mail: _____
Immediate Supervisor: _____ Title: _____
Start Date: _____ End Date: _____ Start pay: _____ End pay: _____
Reason for leaving: _____

4. Job Title: _____ Duties: _____
Employer: _____
Address: _____

Phone: _____
Fax: _____ E-mail: _____

Immediate Supervisor: _____ Title: _____

Start Date: _____ End Date: _____ Start pay: _____ End pay: _____

Reason for leaving: _____

Summarize any special skills and qualifications gained from employment or other experience.

We may contact the employers listed above unless you indicate those you do not want us to contact. Please list the employer and the reason below.

List any additional information including gaps in employment.

Personal References:

CANNOT be a relative. Must provide at least two personal references who can attest to your character, reputation and personal qualifications. Please provide all information.

1. Name: _____ Phone # _____
Address: _____ Relationship: _____
_____ # of years known: _____
Email: _____

2. Name: _____ Phone # _____
Address: _____ Relationship: _____
_____ # of years known: _____
Email: _____

3. Name: _____ Phone # _____
Address: _____ Relationship: _____
_____ # of years known: _____
Email: _____

Applicant Statement:

I hereby certify that all entries on this application and any additional attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery is grounds for immediate dismissal of any employment in the service of All About You Home Care, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the All About You Home Care, Inc. to rely upon and use, as it sees fit, any information received from such contacts.

Date _____

Applicant's Signature _____