

# A & A Home Care Services APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

This application cannot be accepted unless **both sides** have been completed and it is **signed and dated** by the applicant.

## PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MI) <b>Text</b>			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OF AGE OR OLDER?	<b>THE AGENCY REQUIRES YOU TO MAINTAIN A TELEPHONE AT YOUR RESIDENCE.</b> HOME PHONE NUMBER                      MOBILE PHONE                      PAGER NUMBER                      OTHER MEANS OF CONTACT			

## DESIRED EMPLOYMENT

POSITION YOU ARE APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED?	IF "YES," MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		

## EDUCATION

SCHOOL LEVEL	NAME AND ADDRESS OF SCHOOL	#. YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE OR OTHER SCHOOL				

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING/SKILLS
LICENSES OR CERTIFICATIONS (include numbers)
AWARDS/RECOGNITION
COMMUNITY/CIVIC INVOLVEMENT

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE/RANK
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## CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <b>YES NO</b> IF "YES," WHEN? _____ IF "YES," EXPLAIN BELOW (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)
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**WORK HISTORY** COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME. LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**REFERENCES** GIVE THE NAMES OF TWO PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	COMPLETE ADDRESS AND PHONE	BUSINESS	YEARS KNOWN

**AUTHORIZATION:** I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN (INCLUDING INFORMATION ON THE EXISTENCE OF ANY CRIMINAL RECORDS AS WELL AS THE REFERENCES AND EMPLOYERS LISTED ABOVE) TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I RELEASE BOTH THE BUSINESS/PERSON GIVING THE INFORMATION AND THE BUSINESS/PERSON RECEIVING THE INFORMATION FROM ANY AND ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FOR UTILIZATION OF SUCH INFORMATION, INCLUDING FAILURE TO SECURE EMPLOYMENT DUE TO AN UNSATISFACTORY REFERENCE.**

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

APPLICANT'S SIGNATURE

DATE