

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Full Name: _____

Social Security No. _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

Type (circle one): Home Cell Work Other

Alternate Phone #: _____

Type (circle one): Home Cell Work Other

Circle Answer (Yes or No)

- Are you 18 years of age or over? Yes No
- Are you a U.S. citizen? Yes No
- Have you ever served in the Armed Forces? Yes No
- Do you have a valid operator's (driver's) license? Yes No

o If yes, license number and state _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

Type (circle one): Home Cell Work Other

Alternate Phone #: _____

Type (circle one): Home Cell Work Other

QUALIFICATIONS

EDUCATION	SCHOOL NAME & LOCATION	GRADUATION DATE	COURSE/MAJOR
High School			
College			
Other			

Additional Certification/License: _____

APPLICATION FOR EMPLOYMENT cont'd

JOB INFORMATION

Position: _____ Date of Availability: _____ Salary desired: _____

Type of Employment Desired: _____ Part-Time _____ Full Time

RELEVANT EMPLOYMENT HISTORY (disregard if resume is attached)

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

APPLICATION FOR EMPLOYMENT cont'd

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact.

THREE (3) REFERENCES: (1) _____
(2) _____
(3) _____

STATEMENT OF AUTHORIZATION

I authorize EXPRESS PROFESSIONAL HOMECARE, LLC to contact each former employer, firm or corporation. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

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 also understand that if accepted by EXPRESS PROFESSIONAL HOMECARE, LLC, my employment is voluntarily entered into and I am free to resign at any time. Similarly, EXPRESS PROFESSIONAL HOMECARE, LLC is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

Applicant's Signature

Date