



At Home Care

For Living Assistance Services

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE

SEND APPLICATIONS TO:
Fax: 661-288-0059
Email: mail@at-homecare.net

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____-_____-_____

Telephone (_____-_____-_____-_____)

Position applied for _____ Days/hours available to work

No Pref _____ Thu _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL TIME PART-TIME FULL-OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	MAJOR & DEGREE
HIGH SCHOOL			
COLLEGE			
BUSINESS OR TRADE SCHOOL			
PROFESSIONAL SCHOOL			

APPLICATION FOR EMPLOYMENT 2/4

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ NO ___ YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? ___Yes ___No

What is your means of transportation to work? _____

Driver's license

Number _____ State of issue _____ Expiration date _____

Have you had any accidents during the past years? _____ How many? _____

Have you had any moving violations during the past three years? How many? _____

Please list two references other than relatives or previous employers.

Name _____

Name

Position _____

Position

Company _____

Company

Address _____

Address

Telephone (____) _____ - _____

Telephone (____) _____ - _____

Use the space below to summarize any additional information necessary to describe your full qualification for the specific position for which you are applying

APPLICATION FOR EMPLOYMENT ¾

Work Experience - Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates: From To
Phone no.	Your last job title	
Reason for leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Name of employer Address	Name of last supervisor	Employment dates: From To
Phone no.	Your last job title	
Reason for leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

APPLICATION FOR EMPLOYMENT 4/4

Work Experience - Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates: From To
Phone no.	Your last job title	
Reason for leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact your present employer? Yes No

Certification

I hereby certify that all entries in this application are true and complete, I agree and understand that any falsification of information herein regardless of time of discovery, may cause forfeiture on my part of any employment at At-homecare. 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 institution listed regarding this application.

Date _____

Applicant Signature _____