## Employment Application

#  ALL STAR HOME HEALTH CARE

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| --- |
| Applicant Information |
| Full Name: |       |       |     | Date: |       |
|  Last | First | M.I. |
| Address: |       |       |
|  Street Address | Apartment/Unit # |
|  |       |       |       |
|  City | State | ZIP Code |
| Phone: | (     )       | E-mail Address: |       |
| Date Available: |       | Social Security No.: |       | Desired Salary: | $      |
| Position Applied for: |       |
| 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 yes, 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 |
| Please list three professional references. |
| 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: |  |