## **ALL STAR HOME HEALTH CARE**

## **Employment Application**

		Ap	plican	t Informat	ion							
Full Name:								Date:				
Address:	Last First				М.	l.						
Addiess.	Street Address					Apartment/Unit #						
	City					Sta	ate	ZIP (	Code			
Phone: (	)		E-r	mail Addres	ss:							
Date Availab	ole:	Social Security No	ecurity 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.?							NO					
Have you ever worked for this company?  YES NO  If yes, when?												
Have you ev	er been convicted of a	a felony?	NO									
If yes, explain:												
Education												
High School:	:	A	Address									
From:	То:	Did you gr	aduate	? <u>YES</u>	NO	Degree:						
College:		A	Address									
From:	To:	Did you gr	aduate	? <u>\</u>	NO	Degree:						
Other:		A	Address	3:								
From:	To:	Did you gr	aduate	? <u> </u>	NO	Degree:						
			Ref	erences								
Please list ti	hree professional refe	erences.										
Full Name:				Relations	hip:							
Company:						Phone:	(	)				
Address:												
Full Name:				Relations	hip:							
Company:						Phone:	(	)				
Address:												
Full Name:				Relations	hip:							
Company:						Phone:	(	)				
Address:												

Previous Employment										
Company:				Phone:	(	)				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endin	ng Salary:	\$			
Responsibilities:										
From:	То:	Reason for Leaving:								
May we contact your pre	evious supervisor for a		NO							
Company:				Phone:	(	)				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endin	ng Salary:	\$			
Responsibilities:										
From:	То:	Reason for Leaving:								
May we contact your previous supervisor for a reference?										
Company:				Phone:	(	)				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endin	ng Salary:	\$			
Responsibilities:										
From:	То:	Reason for Leaving:								
May we contact your pre	evious supervisor for a	reference?		NO						
Military Service										
Branch:				From:		To:				
Rank at Discharge:	pe of Discharge:									
If other than honorable, explain:										
		Disclaimer and Si	gnat	ture						
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:							