

EVANS HOMEMAKING, COMPANION AND SITTER SERVICES LLC.  
EMPLOYMENT APPLICATION

Position Sought: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ Phone# \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ How Long at this Address \_\_\_\_\_  
Name of Emergency Contact Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
Address of Emergency Contact \_\_\_\_\_

Transportation: Do you have a car? \_\_\_ Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Availability:  
Days and Times Available \_\_\_\_\_  
Are you available to work nights? \_\_\_\_\_  
Are you legally authorized to work in this country? \_\_\_ Would you consider live-in?  
\_\_\_\_\_

Are you available to work weekends? \_\_\_\_\_  
Education \_\_\_\_\_  
High School \_\_\_\_\_  
Please list the following Name of school, City, State/Prov, Year Completed, Degree,  
Major \_\_\_\_\_  
College / Business or Trade School \_\_\_\_\_  
Please list the following Name of school, City, State/Prov, Year Completed, Degree,  
Major \_\_\_\_\_  
Certifications and Professional Licenses/ License Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Skills \_\_\_\_\_

Please provide any skills associated with home care.  
Employment History  
List Most Recent First

Employment History 1  
Company \_\_\_\_\_ From / To \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason Left \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ May we Contact? \_\_\_\_\_ Phone# \_\_\_\_\_

Employment History 2  
Company \_\_\_\_\_ From / To \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason Left \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ May we Contact? \_\_\_\_\_ Phone# \_\_\_\_\_

References: 2 Employment and 2 personal references required

1. Name of Reference \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

Phone# \_\_\_\_\_

2. Name of Reference \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

Phone# \_\_\_\_\_

3. Name of Reference \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

Phone# \_\_\_\_\_

4. Name of Reference \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

Phone# \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Certification and Release Section

Checkbox \*

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact in the Application, my resume, or an employment interview that I am subject to disqualification from the hiring process or dismissal if subsequently hired, and to such criminal penalties as may be prescribed by law or applicable policy and procedure. If hired, I understand that I am required to abide by all A&B Homecare Solutions, LLC policies.

Signature \_\_\_\_\_

By typing your name below you certify that the statements made on this application are true and complete to the best of your knowledge, and are made in good faith.

Print Name \_\_\_\_\_