

CAREGIVING ANGELS LLC.
 530 WESSEL DRIVE SUITE 2C, FAIRFIELD, OHIO 45014
Phone: 513-331-4969

APPLICATION FOR EMPLOYMENT

Personal Information: (Please Print Clearly) Today's Date: _____

Name:

Last First Middle Initial

Address: _____
 Street

_____ (_____) _____
 City State Zip Code Telephone Number

Date of Birth: ____/____/____ **Social Security Number:** ____-____-____

Please list all addresses where you have resided in the past five years

From Date	To Date	<u>Address</u>	City	State	Zip

How did you hear about this Company?

Who referred you?

Have you ever applied to this Company before? _____ Yes _____ No

How far can you drive?

What position are you applying for? _____
 (Job Title)

Part-Time _____ **Full Time** _____ **PRN** _____ **Temporary** _____

Shift: 1st ___ 2nd ___ 3rd ___ Weekends ___ Other ___

Days Preferred: ___ Sunday ___ Monday ___ Tuesday ___ Wednesday
___ Thursday ___ Friday ___ Saturday

Will you work overtime if asked? ___ Are you 18 years of age or older? ___

Salary or Rate desired: ___ per ___ Date available to start work? ___

Have you in the past committed a crime, an offense, or a felony? ___ Yes ___ No

If yes, where, for what. Please give details:

Do you have personal reliable transportation? ___ Yes ___ No

Are you known to schools/employers by another name? ___ Yes ___ No

If yes, indicate the name: _____

If currently employed, may we contact your present employer? ___ Yes ___ No

List special skills, training, or accommodations you feel we should be aware of in considering your application:

Please list below three people you have known for at least one year (exclude relatives)

Name and Occupation	Address	Telephone
1.		
2.		
3.		

LICENSE OR CERTIFICATION

Type	State	Date Received	Last Renewal	License/Certificate Number	Examination/Reciprocity

EDUCATIONAL BACKGROUND

School Name and Address	Course of Study	Did you Graduate?	Degree or Diploma

WORK HISTORY (List most recent employer first)

Date Month & Year	Employer's Name, Address, Supervisor's Name, Phone Number	Job Title and Duties	Salary Start/End	Reason for Leaving
From: To:				

Are you legally permitted to work in the U. S.? _____ Yes _____ No

If yes, can you show proof of employment eligibility? _____ Yes _____ No

Emergency Contact: Name of contact. _____

Phone Number: _(____)_____ Alternative Number: _(____)_____

Address: _____

City: _____ State: _____ Zip Code: _____

PLEASE READ CAREFULLY AND UNDERSTAND BEFORE SIGNING YOUR APPLICATION

I hereby certify that all responses on this employment application are true, correct, and complete to the best of my knowledge.

I hereby authorize Caregiving Angels LLC. to contact former employers, educational institutions, and references I have provided so as to obtain any information pertaining to this employment application. I waive all rights and claims I may otherwise have with Caregiving Angels LLC. or its representatives, for seeking and using information to evaluate my employment report and all other persons, corporations or organizations who provide information for this purpose.

I understand and agree that any falsification, misrepresentation, or omission, either on this application or during the interview process may disqualify me from further consideration for employment. If employed by Caregiving Angels LLC., the discovery of any falsification, misrepresentation, or omission may make me subject to dismissal.

I understand and agree that if I am employed by Caregiving Angels LLC. my employment is at-will, so that I can terminate my employment at any time and for any reason, after at least a one week notice. Likewise, Caregiving Angels LLC. can terminate my employment at any time with or without notice and for any reason.

If employed, I hereby authorize deductions from wages due me for any amount I owe Caregiving Angels LLC. or for charges I have incurred including but not limited to unreturned Caregiving Angels LLC property, telephone call charges, damages to property or equipment, failure to follow Caregiving Angels LLC. policies which results in cash or inventory shortages.

AN EQUAL OPPORTUNITY EMPLOYER

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE

_____ Alternative Phone #: _(____)_____
Applicant's Name

Applicant's Signature

_____/_____/_____
Date

CAREGIVING ANGELS LLC.

Reference Check

APPLICANT'S INFORMATION	
Applicant's Name:	Date of Application:

