

1st American Choice Home Health Care Services LLC

Community Liaison
Employee Application

NAME: _____ Date: _____

POSITION DESIRED: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

STATE LICENSE #: _____ EXPIRATION DATE: _____

AVAILABLE: Full Time: _____ Part Time/Per Visit _____ Contract: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.A.? Yes _____ No _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes _____ No _____


Conviction of a crime is not an automatic bar to employment, other factors such as the nature and date of the crime will be taken into consideration.

IF YES, GIVE DATE AND DETAILS: _____

EDUCATION

Table with 4 columns: Type of School, Name & Location, Major, Degrees Obtained & Date. Rows include High School, College, and Other Education or Special Training. Includes a row for 'See Resume Attached'.

EMPLOYMENT HISTORY

DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD	
FROM	TO			POSITION	WORK PHONE
					STARTING PAY
				SUPERIOR & TITLE	FINAL PAY
DESCRIBE DUTIES/RESPONSIBILITIES:					
DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD	
FROM	TO			POSITION	WORK PHONE
					STARTING PAY
				SUPERIOR AND TITLE	FINAL PAY
DESCRIBE DUTIES/RESPONSIBILITIES:					
					
DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD	
FROM	TO			POSITION	WORK PHONE
					STARTING PAY
				SUPERIOR AND TITLE	FINAL PAY
DESCRIBE DUTIES/RESPONSIBILITIES:					

PERSONAL REFERENCES

Name: _____ Relationship: _____ Phone: _____

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I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment. The agency is an equal opportunity employer and does not discriminate in its recruiting, selecting and hiring procedures because of race, color, gender, religion, national origin, age, sexual orientation or disability status nor does it discriminate with regard to Veteran status.

DATE: _____ SIGNED: _____