# aDDITIONAL HOME CARE Services, inc.

### Employment Application

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Security No. |  | Desired Salary |  |
| Position Applied for |  |
| Are you a citizen of the United States? YES [ ]  NO [ ] Are you at least 18 years or older? 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 so, when? |  |
| Have you ever been convicted of a crime, found guilty, plead guilty and/or pleas of nolo contendere except for minor traffic violations?If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you consent to a pre-employment record check? YES [ ]  NO [ ] Do you consent to a closed record check? YES [ ]  NO [ ]  | YES [ ]  | NO [ ]  |  |  |
| Please disclose any other social security #’s used by you the applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please disclose any prior names or aliases used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |
| 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 |  |

* Have you lived in Missouri for the past five (5) years? YES \_\_\_\_\_ NO \_\_\_\_\_\_\_ if no, list state(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you registered with the **Family Care Safety Registry?** YES \_\_\_\_\_ NO \_\_\_\_\_\_\_
* Have you applied for a good cause waiver? YES \_\_\_\_\_ NO \_\_\_\_\_

|  |
| --- |
| 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 |  |