# aDDITIONAL HOME CARE Services, inc.

### Employment Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  | | |