



Today's Date: \_\_\_\_\_

5628 West Vliet Street  
Milwaukee, WI 53208  
Phone: 414-377-0114  
Fax: 414-287-9867

## Application for Employment

### Personal Information

Name: \_\_\_\_\_  
Last First MI

Main Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City/State/Zip

### Position Information

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

How did you hear about us? / Who were you referred by? \_\_\_\_\_

Are you at least 21 years of age? **Yes** **No**

Are you a U.S. citizen? **Yes** **No**

If not, please give country of citizenship: \_\_\_\_\_

Have you ever been employed at Angel Home Care? **Yes** **No**

If yes, please list dates of employment (MM/YYYY) – From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving/termination: \_\_\_\_\_

Do you have any relatives currently working at AHC? **Yes** **No**

If yes, please list Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Employment History for the Last Five Years** - List your employment activities, beginning with present and working back five years. This five year period must be accounted for without breaks. For periods of unemployment, self-employment, or attending school, please list duration dates. Attach separate sheet of paper if necessary.

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
DESCRIPTION OF DUTIES			

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EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
DESCRIPTION OF DUTIES			

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STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
DESCRIPTION OF DUTIES			

**Work References** – Please list three references other than relatives.

Name and Position	Company and Address	Telephone/E-mail

**Education**

School(s) Attended	Name and Location	Dates Attended	Degree/Certificate Received	Major
High School				
Community College/Trade				
College/University				

**Other Qualifications** – Please list all other job-related skills or training that you feel would benefit you in the position you have applied for:

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## Certification

**Please read the following information carefully before signing:**

I declare under penalty of perjury that the facts contained in this application, résumé, or other submitted documents are true to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and is justification for my dismissal from employment if discovered at a later date.

\_\_\_\_\_ [Initial]

I voluntarily and knowingly authorize the release of any and all information requested by Angel Home Care, LLC or agency acting on the company's behalf for the purpose of preparing an investigation report. I understand that my application for employment is not complete until I have completed any additional documents required for the purposes of completing the investigative report. I understand that I have the right to request a complete disclosure of the nature and scope of the investigation, along with information in my investigative file, upon reasonable notice to Angel Home Care, LLC.

\_\_\_\_\_ [Initial]

I authorize the investigation of all statements contained in this application/ résumé and authorize any person, school, current and past employers and organizations to provide Angel Home Care, LLC with records, information, and opinion that may be provided in making a hiring decision. I release Angel Home Care, LLC and all informants of liability for any damage that may result from furnishing information and opinion that is truthful or made in good faith.

\_\_\_\_\_ [Initial]

I understand and acknowledge that this constitutes the entire agreement between me and Angel Home Care, LLC regarding the term of my employment and supersedes any other verbal or written agreements expressed or implied. I understand that any job offer is subject to a 90-day probationary period.

\_\_\_\_\_ [Initial]

**I declare under penalty of perjury that all statements made in this application are true and correct to the best of my knowledge.**

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Signature of Applicant

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Date Signed