

# ALWAYS NEAR, LLC

## EMPLOYMENT APPLICATION

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

Position Applied for:       Aide                               Office Manager/Secretary               Administration

Name and Address							
Name (First, MI, Last)			DOB		Social Security Number / Tax Identification Number		
Mailing Address							
City, State, and Zip Code							
Telephone				Cell Phone			
If under 18, please list age				Email			
Job Availability							
Days/hours available to							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> 24 hour shift	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
HHA / CNA Certification							
Name:	First	Last	Middle	Original Cert. Date	Expiration Date	City	County
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's license number		Issued in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

**Education**

School	Location (mailing address)	Years Completed	Major	Degree or Diploma

**College or Business/Trade School**


**Military**

Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date
Specialty			

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?    Yes    No   If no, please state reason:

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?    Yes    No   If no, please state reason:

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Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state reason:		

### References

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and friends.*

1.

2.

### Emergency Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ h \_\_\_\_\_ c Relationship: \_\_\_\_\_

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Employee Signature

Date

**Office Use Only:**  Accepted  Denied Reason for denial: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_