



Application for Employment

Agape Healthcare is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Social Security Number: _____ Personal email: _____

Are you 18 years of age or older? Yes No

Are you legally entitled to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No

If "Yes", please explain: _____

For what position are you applying? _____

Salary desired: \$_____ per hour/week/year (circle one)

Schedule desired: Full Time Part Time Could you work overtime? Yes No

If you are hired, when can you start work? _____

Education

High School

School Name: _____ Dates Attended: _____

City: _____ State: _____ # years completed: _____ G.P.A. _____

College/Vocational School

School Name: _____

City: _____ State: _____ G.P.A. _____

Attendance Dates: _____ Major/Degree: _____

College/Vocational School

School Name: _____

City: _____ State: _____ G.P.A. _____

Attendance Dates: _____ Major/Degree: _____

Graduate School

School Name: _____

City: _____ State: _____ G.P.A. _____

Attendance Dates: _____ Major/Degree: _____

Do you speak a foreign language? _____ Yes _____ No

If yes, which languages? _____

Employment History

Current/Most Recent Employer: _____

City: _____ State: _____ Phone: _____

Position/Title: _____ Salary: _____ per hr/wk/year (circle one)

Dates of Employment: from _____ to _____

Reason for leaving: _____

Supervisor's Name and Title: _____

May we contact your employer? Yes No

Previous Employer: _____

City: _____ State: _____ Phone: _____

Position/Title: _____ Salary: _____ per hr/wk/year (circle one)

Dates of Employment: from _____ to _____

Reason for leaving: _____

Supervisor's Name and Title: _____

May we contact your employer? Yes No

Previous Employer: _____

City: _____ State: _____ Phone: _____

Position/Title: _____ Salary: _____ per hr/wk/year (circle one)

Dates of Employment: from _____ to _____

Reason for leaving: _____

Supervisor's Name and Title: _____

May we contact your employer? Yes No

Previous Employer: _____

City: _____ State: _____ Phone: _____

Position/Title: _____ Salary: _____ per hr/wk/year (circle one)

Dates of Employment: from _____ to _____

Reason for leaving: _____

Supervisor's Name and Title: _____

May we contact your employer? Yes No

Professional References

Please list four references (non-relatives whom you have known for at least two years)

Name: _____ Company: _____

Professional Relationship: _____ Phone: _____

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Professional Relationship: _____ Phone: _____

Name: _____ Company: _____

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Name: _____ Company: _____

Professional Relationship: _____ Phone: _____

How did you hear about Agape Healthcare?

College or University Advertisement

Recruiter or Agency Walk-in

Employee: _____

Other: _____

Authorization

In connection with my application for employment and as a condition of my continuing employment, I understand that investigative background inquiries may be made on me including verification of previous employment and schools, criminal convictions, motor vehicle, licensure and other reports. I also understand that I may be asked to take a drug test.

I authorize Agape Healthcare to obtain the above information and I authorize my previous employers, schools, and other sources to disclose to Agape Healthcare such information about me as Agape Healthcare may request. I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Agape Healthcare. I agree to release and hold harmless Agape Healthcare from all liability with respect to the receipt of such information.

This authorization shall be valid in original, fax, or copy form.

Initial: _____

At Will Employment

All hiring and employment at Agape Healthcare is at will. I understand that this application is not an employment contract, nor can it be used to create one. Employment by Agape Healthcare has no specific term and may be terminated by the employee or Agape Healthcare with or without notice. I acknowledge that Agape Healthcare, LLC has not made any promises or representations that differ from those contained in this paragraph.

Initial: _____

Accuracy

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Agape Healthcare and that failure to provide this evidence will result in the termination of my employment.

I verify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Agape Healthcare may be terminated.

Applicant's Signature

Date