



**501 Goodlette RD N D-100 Suite #18**

Naples, FL 34102  
239-263-0441

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: Administrator, Alternate Administrator, RN, CNA, HHA, Homemaker/Companion

How did you hear about this position? -----

Days Available to work:  Mon  Tues  Wed  Thu  Fri  Sat  Sun

What hours or shifts are you Available to work? -----

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Are you 18 years of age or older? YES  NO  DOB: ----/------/------

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

what date are you willing to start working? ----- Do you have reliable transportation? YES  NO

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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: \_\_\_\_\_

**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. I understand that if I am hired, my employment will be at-will, meaning I can be terminated with or without cause and with or without notice. I agree to have my picture taken for identification purposes and to submit to a drug screening upon request. I give Angel Preferred Home care the right to investigate all reference and to secure additional job related information about me. I hereby release the liability Angel Preferred Home Care agency and its representatives may have for seeking such information and all other persons, organizations, or corporations for furnishing such information. Angel Preferred Home care is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is intended for the purpose of limiting or excusing consideration of an applicant for employment on any basis prohibited by local, state, or federal law. This application is current for 90 days. I understand that anyone seeking employment, who has not heard from a representative of the company, will have to complete another application for consideration of employment after 90 days. By signing this application, I confirm I have read the above statement and had an opportunity to clarify my understanding where necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_