V&E HEALTHCARE SERVICES

Employment Application

Applicant Information

Job Title: **(Companion Care)** Date:

Full Name: DOB:

Last *First* *M.I.*

Address:

Street Address

City *State* *ZIP Code*

Phone: Email

Date Available: Social Security No.: Desired Salary: **$**

Position Applied for:

Are you a citizen of the United States? 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 yes, when?

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? 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:

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.

Background check is necessary Prior to start Date.

Do you give us permission to do your Background check through AHCA? (Please Check) **Yes** **No**

References

Please provide the following References.

Personal Reference:

Name: Phone Number:

Professional Reference:

Name: Phone Number:

Signature: Date: