



# Sarah's Angel Homecare

## APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

*We do not discriminate on the basis of age, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.*

*Each question should be fully and accurately answered. No action can be taken on this application until all required questions have been answered. In reading and answering the following questions, understand that none of the questions are intended to imply illegal preferences or discrimination based upon no -job-related information.*

Job Applied For (LN, RN, PCA, CN, ETC)\*: \_\_\_\_\_ Today's Date\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you seeking\*: Full-time Part-time Temporary employment?

Available to start\*: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

Days and Hours Available to Work\*:

	Morning	Afternoon	Evening	Overnight
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

First Name\*: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

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

Street address\*: \_\_\_\_\_

City\* \_\_\_\_\_

State\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Are you 18 years of age or older? \* YES NO (If you are hired you may be required to submit proof of age.)

Social Security # \*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #\*: \_\_\_\_\_ State

Issued\*: \_\_\_\_\_ Expiration Date\*: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the past three years\*: ..... YES NO

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

\_\_\_\_\_

Are you eligible to work in the U.S.? ..... YES NO

U.S. Visa Status (if applicable): \_\_\_\_\_

Have you ever been employed with us before? \* ..... YES NO. If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?\*. ..... YES NO. If yes, when? \_\_\_\_\_

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

\_\_\_\_\_

(answering "yes" does not automatically disqualify you from employment. The nature of the offense will be properly investigated.)

Are you a veteran? ..... YES NO

Are you ineligible to be employed with a South Carolina licensed health care entity as a result of being found guilty by a court of law for abusing, neglecting, or mistreating individuals in a health care related setting?\*. ..... YES NO. If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to perform all of the duties required by the position for which you are applying, without endangering yourself or compromising the safety, health, or welfare of the Residents/Clients or other Staff Persons?\*. ..... YES NO. If no, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education

High School Name & Location\*

\_\_\_\_\_

Graduated?\* (YES / NO )

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College Name & Location

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Degree / Major

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**Certifications** (CNA, CPR, First Aid, etc.), **Licenses, Registrations**

Type:

Number:

Experience, skills relevant, or other trainings.

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Languages Spoken: \_\_\_\_\_

Please list if you have any experience with any of our specialty care services.

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**Employment History**

Employer #1 Name and Address \*

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Position Held: \*

Supervisor Name and Contact: \*

Start Date – End Date: \*

Reason for Leaving: \*

Employer # 2 Name and Address

Position Held:

Supervisor Name and Contact:

Start Date – End Date:

Reason for Leaving:

Employer # 3 Name and Address

Position Held:

Supervisor Name and Contact:

Start Date – End Date:

Reason for Leaving:

Have you ever worked or attended school under any other names? \*..... YES NO

If yes, give names:

Are you presently employed?..... YES NO

If yes, may we contact your present employer?..... YES NO

Have you ever been fired from a job or asked to resign?..... YES NO

If yes, explain

## References

Reference 1 Name and Relationship: \*

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Phone Number: \* \_\_\_\_\_

Reference 2 Name and Relationship: \*

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Phone Number: \* \_\_\_\_\_

Reference 3 Name and Relationship: \*

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Phone Number: \* \_\_\_\_\_

**Applicant Statement I certify that all the information provided in this application is true and complete. I understand that providing false information may result in the rejection of my application or termination if hired.**

Applicant Signature: \_\_\_\_\_

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