

APPLICATION FOR EMPLOYMENT
ANGELS OF MERCY PRIVATE HOMECARE SERVICES
3312 Northside Drive Suite A100
MACON, GA 31210

PERSONAL INFORMATION

Last Name: First Name: Middle Name: Application Date

Current Address (Number and Street) Home Phone: Message Phone:

City, State, Zip Code: Social Security Number

Emergency Contact Name: Address: Phone Number:

Emergency Contact Name: Address: Phone Number:

EMPLOYMENT REQUEST

Position Applying for (first choice) Experience: Yes " No " Second Choice:

Have you ever worked for us before? If yes, State Date Left.

Have you ever worked for us under a different name? If yes state name.

Will you accept part-time work? Will you accept temporary work? Shift and/ or hours
desired
YES " NO " YES " NO "

Can you safely perform the essential functions of the position in which you are applying? If No, Explain:

Are you a United States citizen or Legal Alien with rights to work on the job in which you are applying? YES " NO "

Pursuant to the immigration Reform and Control Act of 1986, All applications, upon being made an offer of employment, must produce a documents, which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than (72) seventy-two hours after commencement of employment. You will also be required to sign Form I-9 (Issued by the Federal Government) verifying, under oath, your employment authorization.

Have you since the age of 18, Ever been convicted of a felony? If yes, please give dates.

NOTE* A Conviction will not necessarily bar from employment.

Have you ever been involuntarily discharge from a job? If yes Please give date(s)

EDUCATION

Names: Address: Academic Number of Years Diploma
Major Attended

Elementary :

High School:

College or University

Technical or Vocational

Other Details of experience or training, including information on adult education programs which have a direct bearing on desired job.

SCHOOL Course DIPLOMA/CERTIFICATE

REFERENCES

Give Names of Persons we may contact to verify your qualifications for the position

Name:	Occupation Phone:	Occupational Address

EXPERIENCE

Give a complete record of all employment and reasons for periods unemployed during past ten years. Start with most recent employment. Give United States Experiences only.

From Mo./Yr.	To Mo./Yr.	Employer/ Address/ Phone Number	Position	Supervisor	Reason For Leaving	DO NOT WRITE OFFICE ONLY
		Name Address Phone				
		Name Address Phone				
		Name Address Phone				
		Name Address Phone				

May we contact your present employer for reference? YES " NO "

LICENSES, REGISTRATIONS, CERTIFICATIONS

TYPE	STATE ISSUED	DATE	NUMBER	VERIFIED

