ATTENTION

ALL APPLICANTS FOR EMPLOYMENT

We only issue applications every other Wednesday from 10AM-2PM

Please be sure you have the following:

* 3 Professional Letters of Reference
* Copy of High School Diploma or GED
* Copy of Driver’s License or State ID
* Copy of Social Security Card
* Copy of Car Insurance (Must Be Current)
* Date of Vehicle Inspection Sticker
* Copy of CNA Certificate (if applicable)
* Fee for background investigations will come out of your first paycheck ($41.00)
* Must be willing to work weekends and holidays!!!!
* Anyone with a criminal background does not need to apply!

Thank You!

**A Good Home Care Services, LLC**

**6007 Financial Plaza, Suite 503**

**Shreveport, LA 71129**

**APPLICATION FOR EMPLOYMENT**

Please Print Clearly with Ink-Applicants May Be Tested For Illegal Drugs

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle (Maiden)

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about A Good Home Care Services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 18 or older? \_\_\_\_\_\_ Do you have a Driver’s License? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you had any accidents during the past three years? \_\_\_\_\_\_\_ How many?: \_\_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_\_ How many?: \_\_\_\_\_\_

Position(s) applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you are available to start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you available to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours are you available to work weekly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Desired: \_\_\_\_Full Time \_\_\_\_\_Part Time \_\_\_\_\_Other (please indicate)

**MILITARY**

Have you ever been in the Armed Forces? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Are you now a member of The National Guard? \_\_\_\_\_\_ Yes \_\_\_\_\_\_No

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_\_ Discharge Date: \_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, explain number of conviction(s), nature of conviction(s) leading to conviction(s), how recently such offenses(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** **of** **School** | **Name** **of** **School** | **Location (Complete mailing address)** | **Number of Years Completed** | **Major** **&** **Degree** |
| **High School** |  |  |  |  |
| **College** |  |  |  |  |
| **Bus. Or Trade School** |  |  |  |  |
| **Professional School** |  |  |  |  |

**Professional References** Give below the names of three persons not related to you, whom you have known for at least one year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Business** | **Telephone** | **Years Known** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Work Experience**

**Please list your work experience for the past five years beginning with your most recent job held. If you were self employed, give firm name. Attach additional sheets, if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employer:Address:City, State, Zip Code:Phone Number: | Name of last supervisor: | Employment Dates:To:From: | Pay/Salary:Start:Final: |
| Reason for Leaving (be specific): |
| List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company. |
| Name of Employer:Address:City, State, Zip Code:Phone Number: | Name of last supervisor: | Employment Dates:To:From: | Pay/Salary:Start:Final: |
| Reason for Leaving (be specific): |
| List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company. |
| Name of Employer:Address:City, State, Zip Code:Phone Number: | Name of last supervisor: | Employment Dates:To:From: | Pay/Salary:Start:Final: |
| Reason for Leaving (be specific): |
| List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company. |

May we contact your present employer? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Did you complete this application yourself? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If not, who did? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A Good Home Care Services, LLC**

**PLEASE LIST THREE PERSONAL (3) REFERENCES; CAN INCLUDE RELATIVES.**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**By providing my signature, gives A Good Home Care Services, LLC my permission to inquire about my references.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**