



Angels First Touch  
Home Care Services  
(601) 292-7436 Office  
(601) 651-3925 Fax

## Application for Employment

FULL LEGAL NAME:				DATE:			
ADDRESS:				SS #:			
DATE OF BIRTH:		GENDER:		FEMALE		MALE	
What position or type of work are you seeking?		How did you learn of this position?		PHONE:			
Do you have a valid Driver's License?		YES		NO		If YES, Driver's License Number:	
Do you have a vehicle for use on the job?		YES		NO		Current Auto Insurance?	
If you do not have access to a vehicle describe how you will get to job assignments:							

### Education and Skills

High School Graduate?	YES	NO	High School Name:	High School Location:	OR	GED	DATE	WHERE
College	YEARS ATTENDED	GRADUATION DATE	DEGREE / COURSE of STUDY	College Name:	College Location:			
Technical / Trade School	YEARS ATTENDED	GRADUATION DATE	DEGREE / COURSE of STUDY	School Name:	School Location:			
List any Certificates or Licenses that you hold, or any specialized training you have completed:								
List any languages that you speak:								
List any professional or technical organizations to which you belong:								
List any medical equipment that you have been trained to operate:								
Any additional skills / abilities / qualifications:								

### Place a check by the conditions or duties which you have experience in:

<input type="checkbox"/>	Bathing / Showering	<input type="checkbox"/>	Ambulating	<input type="checkbox"/>	Food Preparation	<input type="checkbox"/>	Medication Assistance
<input type="checkbox"/>	Bed-bath	<input type="checkbox"/>	Transferring	<input type="checkbox"/>	Meal Planning	<input type="checkbox"/>	Combative
<input type="checkbox"/>	Oral Hygiene	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Nutrition Training	<input type="checkbox"/>	Bed-bound
<input type="checkbox"/>	Dressing	<input type="checkbox"/>		<input type="checkbox"/>	Eating Assistance	<input type="checkbox"/>	Dementia
<input type="checkbox"/>	Toileting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Parkinson's
<input type="checkbox"/>	Bedpan	<input type="checkbox"/>	Hospital Bed	<input type="checkbox"/>	Bed Linen Change	<input type="checkbox"/>	Paralyzed
<input type="checkbox"/>	Foley Catheter care	<input type="checkbox"/>	Shower Chair	<input type="checkbox"/>	Linen Change (person in bed)	<input type="checkbox"/>	Stroke / Heart Attack
<input type="checkbox"/>	Skin Care	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Shaving	<input type="checkbox"/>	Hoyer Lift	<input type="checkbox"/>	Dusting / Vacuuming	<input type="checkbox"/>	Cancers
<input type="checkbox"/>		<input type="checkbox"/>	Gait Belt	<input type="checkbox"/>	Light Housework / Cleaning	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Work Availability											
Date available to start work?			Are you willing to work overtime?		YES	NO	Are you willing to work weekends?	YES	NO		
Are you be willing to work as a substitute or on an as-needed basis?		YES	NO	Are you able to lift (25) lbs?		YES	NO	Are you willing to work as a Live-in?		YES	NO
List any physical limitations that you may have?											

Please indicate the chart below, the days and hours of the day you are available and willing to work for HCL.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12 Noon							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							
12 Midnight							
1:00 am							
2:00 am							
3:00 am							
4:00 am							
5:00 am							

Work History				
Employer Name:	Phone:	Dates worked:	DATE HIRED:	DATE LEFT:
Address:	Supervisor or Contact:		Pay Rate:	
Describe your work responsibilities (in detail):				
Reason for leaving:				
<b>For office use:</b>				

Employer Name:	Phone:	Dates worked:	DATE HIRED:	DATE LEFT:
Address:	Supervisor or Contact:		Pay Rate:	
Describe your work responsibilities (in detail):				
Reason for leaving:				
<b>For office use:</b>				

Employer Name:	Phone:	Dates worked:	DATE HIRED:	DATE LEFT:
Address:	Supervisor or Contact:		Pay Rate:	
Describe your work responsibilities (in detail):				
Reason for leaving:				
<b>For office use:</b>				

Personal References		
Reference Name:	Phone:	Email:
Address:	Relationship:	
<b>For office use:</b>		

Reference Name:	Phone:	Email:
Address:	Relationship:	
<b>For office use:</b>		

Reference Name:	Phone:	Email:
Address:	Relationship:	
<b>For office use:</b>		

I certify that any and all information submitted in this application form, resume or other information which I provide; and any statements which I make during any interview are true and accurate to the best of my knowledge. Nor will I withhold any information that would affect my application for employment. I understand that Angels First Touch, LLC is under no obligation to consider or reconsider this application at any time, and that acceptance of this application does not constitute an offer of employment.

I authorize that inquiries may be made with my previous educators, employers, references, consumer credit, private or government agencies and any other individuals who may have knowledge of me or my work experience. I give my consent for any such person or agency to give Angels First Touch, LLC any and all information concerning my previous employment, including but not limited to an assessment of my job performance, ability, fitness and/or other information that they may have, personal or otherwise. I agree to cooperate with such an investigation and release all parties from any and all liability, claims or damages, directly or indirectly, resulting from furnishing such information. Upon my written reasonable and timely request, a description of the general scope and nature of any such inquiry will be provided to me.

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Signature

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Date

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Print Name

Angels First Touch does not discriminate in their hiring practices or in any other decision on the basis of race, color, sex, sexual orientation, citizenship, national origin, veteran status, age and/or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

# Employee Application Package



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