

# A WATCHFUL EYE HOMECARE AGENCY, LLC.



## EMPLOYMENT APPLICATION

*A WATCHFUL EYE HOMECARE AGENCY, LLC. considers applicants for all positions on the basis of qualifications and without regard to race, color, religious belief, gender, sexual orientation, national origin, age, marital status, disability, and any other characteristic protected by law.*

Date		Last Name, First Name		Social Security Number	
Street Address		City		State	Zip
Home Phone Number		Alternate/Cell Phone Number		Email Address	
Birthdate:	What is your desired salary?	If offered employment, when would you be able to start?	How did you hear about A Watchful Eye homecare?		
For what position(s) do you wish to be considered? [Please check which applies to you below]:					
RN <input type="checkbox"/> LPN <input type="checkbox"/> CMA [ HRS] <input type="checkbox"/> CMT [ HRS] <input type="checkbox"/> GNA <input type="checkbox"/> CNA <input type="checkbox"/> COMPANION <input type="checkbox"/> AIDE <input type="checkbox"/>					
What is your availability? [Check] FULL TIME <input type="checkbox"/> PARTIME <input type="checkbox"/> , MORNINGS <input type="checkbox"/> EVENINGS <input type="checkbox"/> OVERNIGHT <input type="checkbox"/>					
What days can you work? [Check] MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>					
Have you ever been convicted of a crime, other than a minor traffic offense? (Conviction will not be an absolute bar to employment)		If yes, please explain the nature of the offenses:			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If hired, can you provide proof of eligibility to work in the United States?			Are you under the age of 18?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list the names and contact information for at least three professional references who would be willing to comment on your qualifications and work history.					
Name		Name			
Title		Title			
Phone Number		Phone Number			
Email Address		Email Address			
Name		Name			
Title		Title			
Phone Number		Phone Number			
Email Address		Email Address			
Education					
	Name of School	Address	Number of Years Complete	Major/Degree	
High School					
College					
Business/Trade/Professional School					
Please list all professional license and relevant certifications:					

Please list your employment experience, beginning with your current, or most recent, employer. Attach additional pages if necessary.

<b>1</b>	<b>Name of Employer</b>	<b>Employer's Address</b>	
	<b>Your Last Job Title</b>	<b>Duties/Accomplishments</b>	
	<b>Dates of Employment</b>	<b>Last Salary</b>	
	<b>Former Supervisor/Title</b>	<b>Contact Number</b>	
	<b>Reason For Leaving</b>	<b>May we contact this employer?</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2</b>	<b>Name of Employer</b>	<b>Employer's Address</b>	
	<b>Your Last Job Title</b>	<b>Duties/Accomplishments</b>	
	<b>Dates of Employment</b>	<b>Last Salary</b>	
	<b>Former Supervisor/Title</b>	<b>Contact Number</b>	
	<b>Reason For Leaving</b>	<b>May we contact this employer?</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>3</b>	<b>Name of Employer</b>	<b>Employer's Address</b>	
	<b>Your Last Job Title</b>	<b>Duties/Accomplishments</b>	
	<b>Dates of Employment</b>	<b>Last Salary</b>	
	<b>Former Supervisor/Title</b>	<b>Contact Number</b>	
	<b>Reason For Leaving</b>	<b>May we contact this employer?</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that all answers given by me are true, accurate and complete, and I understand that falsification, misrepresentation or omission of fact in this application, will be cause for denial of employment or immediate termination of employment, regardless of how or when discovered

<b>Applicant Signature</b>	<b>Date</b>