

APPLICATION FOR EMPLOYMENT  
ANGELS OF MERCY PRIVATE HOMECARE SERVICES  
1385 Oglethorpe Street  
MACON, GA 31201

**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**

**Name** **Occupation Phone** **Occupational Address**

**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**


**Area of Specialized or Major Interest**

**AFFIDAVIAT #1** I certify that the answer given by me to the forgoing questions and statements are true and correct without consequential commissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in the questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they might have regarding me whether or not it is in their records. "I hereby release said employees, schools, companies, or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand a conditional offer employment may be based on results of a later medical examination. In addition, if accepted for employment I hereby agree to abide by the rules and the policy of my employer. Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at anytime, at the option of either myself or my employer. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act 1988, I agree to abide by such established policies as relates thereto.

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

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

**AFFIDAVIT #2** I never have shown by credible (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

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

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

<b>OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE</b>
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**CPR**                      **YES'' NO''**

**FIRST AIDE**            **YES'' NO''**

**HIRED YES'' NO''**

**TRANSPORTATION**   **YES'' NO''**

**INTERVIEW DATE** \_\_\_\_\_ **INTERVIEWED BY** \_\_\_\_\_