



## ANGELS OF HOPE HOME CARE SERVICES, LLC

199 Berry Scott Trail  
Garysburg, NC 27831  
252-545-0573 / 919-923-0126 (o)  
ddbanks.db@gmail.com

### APPLICATION FOR EMPLOYMENT

If you need help filling out this form or for any phase of the employment process, please notify us and every effort will be made to accommodate your needs.

Your application will not be considered if incomplete.

Name (Last, First, Middle Initial)

Present Address (Street, City, State, Zip)

|   |   |                   |
|---|---|-------------------|
| Date of Birth   |   |                   |
| Social Security #   | Home Phone #  | Alternate Phone # |
| Position For Which You Are Applying   | Starting Rate Required<br>\$ per hour   |                   |
| Check All That Apply: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time<br><input type="checkbox"/> Weekends <input type="checkbox"/> Overnight <input type="checkbox"/> Overnight  | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon<br><input type="checkbox"/> Evening |                   |
| Whom Were Your Referred?  | Are You At Least 18 Years of Age?<br><input type="checkbox"/> Yes <input type="checkbox"/> No           |                   |
| This Company will only work with U.S. Citizens and Aliens Lawfully Authorized to Work in the U.S.<br>Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If not a U.S. Citizen, are you lawfully authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain _____ |   |                   |
|   |   |                   |
|   |   |                   |



Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you have worked?   ☐   Yes   ☐   No

List below 3 past employers, including current, beginning with your most recent, including military service:

|                                 |                            |                           |                         |
|---------------------------------|----------------------------|---------------------------|-------------------------|
| <b>Company Name and Address</b> |                            |                           |                         |
| <b>Title</b>                    |                            | <b>Phone #</b>            | <b>Type of Business</b> |
| <b>Duties</b>                   |                            |                           |                         |
| <b>Starting Salary</b><br>\$    | <b>Ending Salary</b><br>\$ | <b>From (Month/Year)</b>  | <b>To (Month/Year)</b>  |
| <b>Name of Supervisor(s)</b>    |                            | <b>Reason For Leaving</b> |                         |
| <b>Company Name and Address</b> |                            |                           |                         |
| <b>Title</b>                    |                            | <b>Phone #</b>            | <b>Type of Business</b> |
| <b>Duties</b>                   |                            |                           |                         |
| <b>Starting Salary</b><br>\$    | <b>Ending Salary</b><br>\$ | <b>From (Month/Year)</b>  | <b>To (Month/Year)</b>  |
| <b>Name of Supervisor(s)</b>    |                            | <b>Reason For Leaving</b> |                         |
| <b>Company Name and Address</b> |                            |                           |                         |
| <b>Title</b>                    |                            | <b>Phone #</b>            | <b>Type of Business</b> |
| <b>Duties</b>                   |                            |                           |                         |
| <b>Starting Salary</b><br>\$    | <b>Ending Salary</b><br>\$ | <b>From (Month/Year)</b>  | <b>To (Month/Year)</b>  |
| <b>Name of Supervisor(s)</b>    |                            | <b>Reason For Leaving</b> |                         |



May we contact employers listed above?   ☐ Yes   ☐ No

If not, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

If your school records are under a different name, please enter that name: \_\_\_\_\_

|  |   |                               |
|--|---|-------------------------------|
| <b>High School (Name and Address)</b>  |   |                               |
| <b>Years Completed</b>   | <b>Did you graduate?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b> |                               |
| <b>College (Name and Address)</b>  |   |                               |
| <b>Years Completed</b>   | <b>Did you graduate?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b> | <b>List diploma or degree</b> |
| <b>Course of Study (major/minor)</b>   |   |                               |
| <b>Other (Name and Address)</b>  |   |                               |
| <b>Years Completed</b>   | <b>Did you graduate?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b> | <b>List diploma or degree</b> |
| <b>Are you attending school or taking courses now?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b><br><b>If yes, where?</b> |   |                               |
| <b>List scholastic honors</b>  |   |                               |

Do you have an appropriate valid driver's license?   ☐ Yes   ☐ No

Driver's License # \_\_\_\_\_

In the past three years have you received any moving violations or been involved in any vehicular accidents that were your fault?   ☐ Yes   ☐ No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Do not refer to relatives, include only individuals familiar with your work ability:**

| <b>Name</b> | <b>Address (Street, City, State, Zip)</b> | <b>Years Known</b> | <b>Occupation</b> |
|-------------|---|--------------------|-------------------|
|             |   |                    |                   |
|             |   |                    |                   |
|             |   |                    |                   |

### **REMARKS**

**I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application will be considered cause for discharge.**

**I further acknowledge and agree that my contract may be terminated, with or without prior notice, at any time, at the will of the company or me, with or without cause.**

**The representative or employee of the Company, with the exception of the Agency Director/Owner, has the authority to enter into any contract or statement to the contrary, and then only if such commitment is in a written document signed by the Agency Director/Owner and the employee.**

**This application will be maintained in the Company's active files for three (3) months only, unless renewed.**

**I acknowledge that I have read and understand these terms:**

|                      |                   |
|----------------------|-------------------|
| <b>PRINTED NAME:</b> | <b>SIGNATURE:</b> |
| <b>DATE:</b>         |                   |