

APPLICATION FOR EMPLOYMENT

**Affectionate Health Care
Services, LLC**

3101 Erdman Ave
Baltimore, MD 21213
410-240-4378

| PERSONAL INFORMATION | | | | |
|----------------------|---------------------|---------------------|-------|-----|
| FIRST NAME | MIDDLE NAME | LAST NAME | | |
| DATE OF BIRTH | GENDER | SOCIAL SECURITY NO. | | |
| PHONE NO. | SECONDARY PHONE NO. | EMAIL ADDRESS | | |
| STREET ADDRESS | | CITY | STATE | ZIP |

| EMPLOYMENT DESIRED | | |
|---|---|----------------|
| POSITION APPLYING FOR | DATE YOU CAN START | SALARY DESIRED |
| EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONALLY | WILL YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ARE YOU LEGALLY AUTHORISED TO WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO | HAVE YOU EVER WORKED FOR THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU EVER BEEN CONVICTED OF FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PLEASE EXPLAIN | |

| EDUCATION | | | | |
|--------------|----------|---------------|----------------|---|
| HIGH SCHOOL | LOCATION | DEGREE EARNED | YEARS ATTENDED | GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COLLEGE | LOCATION | DEGREE EARNED | YEARS ATTENDED | GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| POSTGRADUATE | LOCATION | DEGREE EARNED | YEARS ATTENDED | GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| OTHER | LOCATION | DEGREE EARNED | YEARS ATTENDED | GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO |

| PREVIOUS EMPLOYMENT | | | |
|---|-----------------|--------------------|----------|
| EMPLOYER NAME | PHONE NO. | START DATE | END DATE |
| ADDRESS | | JOB TITLE | |
| JOB DUTIES | | REASON FOR LEAVING | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | SUPERVISOR NAME | PHONE NO. | |

| PREVIOUS EMPLOYMENT | | | |
|---|-----------------|--------------------|-----------|
| EMPLOYER NAME | PHONE NO. | START DATE | END DATE |
| ADDRESS | | JOB TITLE | |
| JOB DUTIES | | REASON FOR LEAVING | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | SUPERVISOR NAME | | PHONE NO. |

| PREVIOUS EMPLOYMENT | | | |
|---|-----------------|--------------------|-----------|
| EMPLOYER NAME | PHONE NO. | START DATE | END DATE |
| ADDRESS | | JOB TITLE | |
| JOB DUTIES | | REASON FOR LEAVING | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | SUPERVISOR NAME | | PHONE NO. |

| SKILLS AND ABILITIES | |
|----------------------|--|
| COMPUTER SKILLS | LEVEL <input type="checkbox"/> PROFICIENT <input type="checkbox"/> ADVANCED <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> BEGINNER |
| SOFT SKILLS | |
| LANGUAGES SPOKEN | LEVEL <input type="checkbox"/> PROFICIENT <input type="checkbox"/> ADVANCED <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> BEGINNER |

| REFERENCES | | | |
|------------|---------|-----------|--------------|
| NAME | COMPANY | PHONE NO. | RELATIONSHIP |
| NAME | COMPANY | PHONE NO. | RELATIONSHIP |
| NAME | COMPANY | PHONE NO. | RELATIONSHIP |

By signing below, I hereby certify that the above information is correct to the best of my knowledge. I understand that any fabrication of this information may prevent me from being hired or, if already hired, may lead to disciplinary action, up to and including termination.

SIGNATURE

DATE