



ARC Angels Senior Home Care,™ LLC Employment Application

Date: _____ Name: _____ Social Security No. _____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Telephone No. _____ Are you at least 18 years of age? _____ Y/N

Do you have a valid Driver's License? _____ Y/N If Yes, list Driver's License Number: _____

Position you are seeking: _____

When could you start? _____ (date)

What hours would you be seeking? _____

Are you, with or without accommodation, able to perform the functions of the position(s) for which you are applying? _____ Y/N

If accommodations are necessary, please indicate such accommodations required: _____

If employed, do you have the legal right to reside and work in the United States? _____ Y/N (Proof of citizenship or resident alien status will be required for employment.)

Under Wisconsin Statutes, you will be required to undergo a Caregiver Background Check. At this time, are you aware of any activities which may preclude you from being hired as a caregiver under the appropriate statutes or codes? _____ Y/N

If yes, please indicate: _____

Have you ever been convicted of neglect of any person or animal? _____ Y/N

If yes, please explain: _____

Educational Background

High School: _____	_____	_____
	Name/Location	Diploma/Degree
		Major

College: _____	_____	_____
	Name/Address	Diploma/Degree
		Major

Post Graduate: _____	_____	_____
	Name/Address	Diploma/Degree
		Concentration/Major

Other specialized training/education or experience which may be relevant to the position(s) applied?

Employment History

List employment history beginning with the last or current position. Please include any work performed on a volunteer basis, time spent in the military, or full time education. You may submit a resume or use additional sheets of paper to complete your work history.

1. Recent Employer's Name and Address: _____ Telephone: _____

Employed From: _____ to _____ Supervisor: _____ Job Title: _____

Base Salary: _____ per _____ Bonus? _____ (Y/N) (Hr. Wk. Mo. Yr.: Circle One)

Briefly Describe your duties and responsibilities: _____

Reason for Leaving: _____

2. Employer's Name and Address: _____ Telephone: _____

Employed From: _____ to _____ Supervisor: _____ Job Title: _____

Base Salary: _____ per _____ Bonus? _____ (Y/N) (Hr. Wk. Mo. Yr.: Circle One)

Briefly Describe your duties and responsibilities: _____

Reason for Leaving: _____

3. Employer's Name and Address: _____ Telephone: _____

Employed From: _____ to _____ Supervisor: _____ Job Title: _____

Base Salary: _____ per _____ Bonus? _____ (Y/N) (Hr. Wk. Mo. Yr.: Circle One)

Briefly Describe your duties and responsibilities: _____

Reason for Leaving: _____

4. Employer's Name and Address: _____ Telephone: _____

Employed From: _____ to _____ Supervisor: _____ Job Title: _____

Base Salary: _____ per _____ Bonus? _____ (Y/N) (Hr. Wk. Mo. Yr.: Circle One)

Briefly Describe your duties and responsibilities: _____

Reason for Leaving: _____

5. Employer's Name and Address: _____ Telephone: _____

Employed From: _____ to _____ Supervisor: _____ Job Title: _____

Base Salary: _____ per _____ Bonus? _____ (Y/N) (Hr. Wk. Mo. Yr.: Circle One)

Briefly Describe your duties and responsibilities: _____

Reason for Leaving: _____

(If you need to list additional employers, please attach a second Form)

References

Please list personal references in the space provided. DO NOT list work related references. Those references should appear on the Employment History Page. DO NOT list family members.

Name of Reference: _____

Address: _____

Telephone Number: _____

Occupation: _____

Nature of your relationship: _____

Name of Reference: _____

Address: _____

Telephone Number: _____

Occupation: _____

Nature of your relationship: _____

Name of Reference: _____

Address: _____

Telephone Number: _____

Occupation: _____

Nature of your relationship: _____

Applicant Agreement

I acknowledge the foregoing information I have supplied is correct to the best of my knowledge and belief. I understand that any falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that consideration for employment is contingent upon the results of a reference and criminal background check. I authorize ARC Angels Senior Home Care, LLC to investigate all statements made on my application and to discuss the results of this investigation with those responsible for hiring me or engaging the services of ARC Angels Senior Home Care, LLC. I further authorize ARC Angels Senior Home Care, LLC to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent to former employer(s) and the contacted person(s) to respond to questions pertaining to me. Further, I release from liability such former employer(s) or other persons providing information to ARC Angels Senior Home Care, LLC or its affiliates or clients. I understand that if I make written request to ARC Angels Senior Home Care, LLC or its affiliates or clients in accordance with the Fair Credit and Reporting Act, I will be provided with a complete disclosure of any additional information obtained through the investigation. I understand that if hired my employment is at-will and may be terminated with or without cause, with or without notice, at any time by ARC Angels Senior Home Care, LLC or by me. I also understand that while personnel policies, programs, procedures and benefits may change from time to time, such at-will status is not subject to change absent a written agreement signed by the Chief Executive Officer of ARC Angels Senior Home Care, LLC.

I acknowledge that I have been informed that ARC Angels Senior Home Care, LLC can require each job applicant to submit to blood, urine, or other medical examination for controlled substances, substance abuse, or drugs, said tests to be conducted by a health facility, medical or testing clinic or laboratory or physician selected and paid for by ARC Angels Senior Home Care, LLC. I agree to submit to such examination or tests and hereby authorize the release and disclosure of the result to ARC Angels Senior Home Care, LLC, its affiliates or clients. I further acknowledge that any test results which show the presence of a controlled substance, illegal drugs, or drugs without a medically acceptable prescription, will result in the denial and/or termination of employment. I agree to sign any documents that may be necessary to permit such release of and disclosure to ARC Angels Senior Home Care, LLC, its affiliates or clients of any medical examination or medical tests for controlled substances or drug abuse. I further agree that if employed, I will be subject to the terms of ARC Angels Senior Home Care, LLC policy on drug abuse and controlled substances.

I agree that photocopies of this release, as signed by the undersigned, may be used as authorization for release of employment and/or medical records to ARC Angels Senior Home Care, LLC, or its agents or representatives.

SIGNATURE OF APPLICANT



DATE