

A PLUS FAMILY CARE, LLC APPLICATION FOR EMPLOYMENT

A PLUS FAMILY CARE, LLC., is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital, veteran or any other legally protected status.

Please fill out all the questions, incomplete application will delay the process.

Position Applying For:			Application Date	
Last Name	First Name, MI	Social Security #	Are you at least 18 years age? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
Home Address: E mail		City	State	Zip
Home Phone # Cell #		Emergency Contact Telephone # (Relationship) (Print Name)		
Can you provide A PLUS with either proof of United States citizenship or authorization to work in the United States <input type="checkbox"/> YES <input type="checkbox"/> NO				
Other than traffic offenses, have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates, offenses and disposition (Convictions are not automatic disqualification from employment).				
Have you ever been employed by A PLUS FAMILY CARE, LLC ? <input type="checkbox"/> Yes <input type="checkbox"/> no If Yes: Position _____ Date left: _____ Reason for Leaving: _____				
Are you interested in working full time <input type="checkbox"/> or part time <input type="checkbox"/> ? Please list any foreign languages which you speak/understand				

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree/Certificate? Yes /No	Type	Year completed
High School						
Post Graduate						
College						

Please list any specialized training, apprenticeships or other skills that you have received.

I am proficient in the following software: _____

Typing speed: _____ wpm Driver's License Number (only required for positions which require driving): _____

Please indicate how you learned of this position: Newspaper Ad in _____ Walk-in By an employee _____
If so, give name: _____ Friend Employment Agency Job Line Other

Employment Experience

Start with your present or most recent job. Attach additional sheets, if necessary. You may include a resume with additional information. However we need all the information answered in the blank space of the application.

Current or Most Recent Position May we contact your current employer? Yes No

Employer	Dates Employed		Your Title
	From	to	
Address	Salary Information		Your Supervisor
Phone No. and Fax No. Needed	Starting	Final	No. Hours per Week
Work Performed:			
Reason For Leaving:			

Employer	Dates Employed		Your Title
	From	To	
Address	Salary Information		Your Supervisor
Phone and fax No. Needed	Starting	Final	No. Hours per Week
Work Performed:			
Reason For Leaving:			

Employer	Dates Employed		Your Title
	From	To	
Address	Salary Information		Your Supervisor
Phone and fax No. Needed	Starting	Final	No. Hours per Week
Work Performed:			
Reason For Leaving:			

I certify that all information given on this application is correct. I understand that any falsification, misrepresentation or willful omissions may constitute grounds for termination. I understand **A Plus Family Care, LLC**, will obtain information from others concerning this application. I release **A Plus Family Care, LLC**, all of its employees and elected officials, and any other person providing information concerning me, from any liability or any claim of any kind related to any inquiry or response to any inquiry concerning this application or my prior education, work experience and performance.

I have been notified by **A Plus Family Care, LLC**, that all new hires have to be reported via Online to new hire organization in accordance to Texas and Federal Law.

Typing your name below will act as your signature on this form.

Applicant Signature: _____

Date: _____