



**ABC
HOME CARE**

Job Application

ABC HOME CARE SERVICES, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information

Date of Application: _____ Employment Position: CAREGIVER/ PCA

Applicant Name: _____

(Last Name)

(First Name)

(Middle Initial)

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

How did you hear about this position? _____

On what date can you start working if you are hired? _____

Personal Information

Are you a U.S. citizen or approved to work in the United States? YES ____ No ____

What document can you provide as proof of citizenship or legal status? _____

Do you have a Valid Driver License? Yes ____ No ____ Are you 21 and Older? Yes ____ No ____

What Times and Days are you Available? _____

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

Highschool Name: _____

Location: _____

Degree Earned: _____

College Name: _____

Location: _____

Degree Earned: _____

Vocational/Special Training: _____

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

AT-WILL EMPLOYMENT

The relationship between you and ABC HOMECARE SERVICES, LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or ABC HOMECARE SERVICES, LLC. No representative of ABC HOMECARE SERVICES, LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

APPLICANT SIGNATURE: _____ DATE _____