

Able Arms Home Care LLC EMPLOYMENT APPLICATION						
DATE OF APPLICATION:				DATE AVAILABLE:		
AVAILABILITY: CHECK ALL THAT YOU ARE WILLING TO WORK						
MON	TUES	WED	THUR	FRI	SAT	SUN
Evening (5-9P)		Nights (9P-12MN)		Overnights		
POSITION APPLYING FOR:						
TYPE OF EMPLOYMENT DESIRED:			Per Diem	Number of Hours:		
			Part Time	Number of Hours:		
			Full Time	Number of Hours:		
APPLICANT NAME:						
LAST:				FIRST:		MI:
MAILING ADDRESS:						
STREET:				CITY:		
STATE				ZIP:		
PHONE	CELL:				WORK:	
EMAIL						
LANGUAGE SKILLS OTHER THAN ENGLISH: written/spoken						
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?				YES	No	
HOW DID YOU HEAR ABOUT US? Check as applies						
Internet	Newspaper AD	Employee	OTHER:			
EMERGENCY CONTACT INFORMATION <i>Please Print Clearly</i>						
NAME:				PHONE		
RELATIONSHIP:						
Our agency is an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based						

upon their skills, performance, and potential.
 No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap, or military status.

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Employment History - Please begin with your most recent or current place of employment.			
1.		START DATE:	
COMPA NY:			
ADDRES S:			
POSITIO N:		PHONE:	
SUPERV ISOR:		FINAL SALARY:	
REASON FOR LEAVIN G:			
2.		START DATE:	
COMPA NY:			
ADDRES S:			
POSITIO N:		PHONE:	
SUPERV ISOR:		FINAL SALARY:	
REASON FOR LEAVIN G:			
3.		START DATE:	
COMPA NY:			
ADDRES S:			
POSITIO N:		PHONE:	
SUPERV ISOR:		FINAL SALARY:	

REASON FOR LEAVING:			
EDUCATION:	NAME	COURSE OF STUDY	YRS COMPLETED
High School			
College:			
OTHER:			
OTHER:			
MILITARY SERVICE:	BRANCH	DATES:	
Highest Rank Achieved:		Currently in a Reserve Unit? Yes No	
Special Schooling /Duties:			
LICENSE/CERTIFICATIONS	NAME:	ID NO:	Expires:
			STATE:
CRIMINAL HISTORY:	By my signature below, I acknowledge/consent to a criminal check on my name.		
Have you ever been convicted of violating any law? (Please omit minor traffic violations.)	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please list conviction(s)/date(s)/location(s)			

<p>The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.</p>	
<p>EMPLOYEE CANDIDATE SIGNATURE:</p>	
<p>DATE:</p>	

<p>REFERENCE FORM #1</p>				
<p>AGENCY NAME:</p>				
<p>ADDRESS:</p>				
<p>PHONE:</p>				
<p>The individual listed below has applied for a position with Able Arms Home Care LLC</p>				
<p>Applicant Name:</p>				
<p>Social Security #:</p>				
<p>Position Applied For:</p>				
<p>APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION</p>				
<p>I hereby give permission for my previous employer to release this information about my position with their company and comment regarding my work ethic and character while in their employ.</p>				
<p>Applicant's Signature:</p>			<p>Date of Signature:</p>	
<p>THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE</p>				
<p>Employment Dates:</p>	<p>From:</p>	<p>POSITION:</p>		
	<p>To:</p>			
<p>Reason for Separation:</p>				
<p>Would You Rehire:</p>	<p>If no, why?</p>			
<p>Since this applicant has provided your company as a former employer, we would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar reference for you.</p>				
<p>EVALUATION</p>	<p>EXCELLENT</p>	<p>GOOD</p>	<p>AVERAGE</p>	<p>POOR</p>
<p>Attendance</p>				
<p>Quality of work</p>				
<p>Integrity</p>				
<p>Cooperation</p>				
<p>Dependability</p>				

Appearance				
Stability				
OVERALL RATING				
COMMENTS:				
Signature of Reference:				Date:
Able Arms Home Care LLC 2931 Sleeping Ridge Way, Indianapolis IN 46217-7191 (317) 828-1011 FAX: (317) 536-5315 ** If reference was contacted by phone, agency staff will document & sign/date encounter on backside of this page.				
REFERENCE FORM #2				
AGENCY NAME:				
ADDRESS:				
PHONE:				
The individual listed below has applied for a position with Able Arms Home Care LLC				
Applicant Name:				
Social Security #:				
Position Applied For:				
APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION				
I hereby give permission for my previous employer to release this information about my position with their company and comment regarding my work ethic and character while in their employ.				
Applicant's Signature:				Date of Signature:
THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE				
Employment Dates:	From: To:	POSITION:		
Reason for Separation:				
Would You Rehire:	If no, why?			
Since this applicant has provided your company as a former employer, we would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar reference for you.				

EVA LUA TIO N	EXCELLENT	GOOD	AVERAGE	POOR
Atten danc e				
Quali ty of work				
Integ rity				
Coop erati on				

Able Arms Home Care LLC

Depe ndabi lity				
Appe aranc e				
Stabi lity				
OVE RAL L RAT ING				
COMMENTS:				
Signature of Reference:			Date:	
<p>Able Arms Home Care LLC 2931 Sleeping Ridge Way, Indianapolis IN 46217-7191 (317) 828-1011 FAX: (317) 536-5315 ** If reference was contacted by phone, agency staff will document & sign/date encounter on backside of this page.</p>				