

Asanpee Care/Redeemed American Homes, Inc.

Application for Employment

Pre-employment Questionnaire – An Equal Opportunity Employer

Personal Information

| | | | | |
|--|-------|-------------------|---------------------|--------------|
| Name (Last Name First) | | | Social Security No. | |
| Present Address | Apt. | City | State | Zip |
| Permanent Address | Apt. | City | State | Zip |
| Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone | Emergency Contact | Phone & | Relationship |

Employment Desired

| | | | |
|---|---|--------------------|---|
| Position | | Date you can start | Salary Desired |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not until I have given my notice | | Phone Number |
| Have you ever applied or worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No | Where? | When? | Separation Reason <input type="checkbox"/> Quit <input type="checkbox"/> Fired |
| Please Explain Separation | | | |
| Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> Walk In <input type="checkbox"/> Other: | | | |
| Hours Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contingent <input type="checkbox"/> Full or Part Time | | | |

Education & Training

| SCHOOL LEVEL | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRAD.? | MAJOR & DEGREE |
|-------------------|---------------------------|----------------|----------------|----------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE OR BUSINESS | | | | |

Service Record

| | |
|-------------------|------------------------|
| Branch of Service | Discharge Date Rank |
| | |
| | |

Previous Work Experience

Please list below the last three employers starting with the most recent first

| | | | |
|----------------------------------|--------------|---|----------------|
| Name of Present or last Employer | | | |
| Address | | City | State Zip |
| Starting Date | Leaving Date | Job Title | |
| Starting Salary | Final Salary | May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | |
| Description of work | | | |
| | | | |
| Reason for Leaving | | | |

| | | | |
|----------------------------------|--------------|---|----------------|
| Name of Present or last Employer | | | |
| Address | | City | State Zip |
| Starting Date | Leaving Date | Job Title | |
| Starting Salary | Final Salary | May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | |
| Description of work | | | |
| | | | |
| Reason for Leaving | | | |

| | | | |
|----------------------------------|--------------|---|----------------|
| Name of Present or last Employer | | | |
| Address | | City | State Zip |
| Starting Date | Leaving Date | Job Title | |
| Starting Salary | Final Salary | May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | |
| Description of work | | | |
| Reason for Leaving | | | |

References

Please give the names of three persons you are not related to, whom you have known at least one year

| Name | Phone | Business | Years acquainted |
|------|-------|----------|------------------|
| | | | |
| | | | |
| | | | |

Have you been convicted of a felony in the past 5 years? Yes No

If yes, explain: _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also acknowledge that this company reserves the right to require pre-employment and/or random drug testing.

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Signature of Applicant

Date

Do not write below – For interviewer’s use only

| | |
|----------------|------|
| Interviewed by | Date |
| Comments | |
| | |
| | |

| | | | |
|-------------------|--------------------|--------------|--|
| Hire Date & Dept. | | For Position | |
| Salary Wages | | Will Report | |
| Approved 1 | Employment Manager | Date | |
| Approved 2 | Department Manager | Date | |

This application for employment is sold only for general use; Home Health Consulting Solutions assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. It is the user’s responsibility to ensure that this form’s use complies with applicable laws, which change from time to time.