

EMPLOYMENT HISTORY & SKILLS

- Please list your employment history below:

1. Name & Address of Employer		Phone Number	Supervisor Name
Dates of Employment		Reason for Leaving	
From	To:	Pay Rate	
2. Name & Address of Employer		Phone Number	Supervisor Name
Dates of Employment		Reason for Leaving	
From	To:	Pay Rate	
3. Name & Address of Employer		Phone Number	Supervisor Name
Dates of Employment		Reason for Leaving	
From	To:	Pay Rate	

- Do you have experience in personal care or working with the disabled? If yes, please explain: _____

- Are you able to lift more than 50lbs? No Yes
- Are you certified in CPR and/or First Aid (not required for HHA)? No Yes - if yes, please provide copies

PREFERENCES AND AVAILABILITY

Please Check	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (7am-12pm)							
Afternoon (12pm-5pm)							
Evening (5pm-10pm)							
Overnight (10pm-7am)							

- Total hours you want to work per week: Maximum _____ Minimum _____
- Are you available for live-in cases? No Yes
- Are you available for overnight cases? No Yes
- Are you willing to fill-in or substitute if needed? No Yes
- How far are you willing to travel from home? _____ miles
- What location would you like to work in (list all options)? _____

- Specify any pet issues you may have: _____

I, _____ have read and understand the above and authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Employee Signature

Date

REQUEST FOR REFERENCE 1

Section 1: filled out by applicant (reference cannot be a relative)

I _____ SS# _____
(Applicant Name)
 hereby authorize the individual listed below to release all information pertaining to my present/former employment.

Signature _____ Date _____ / _____ / _____

Dates of Employment: _____ to _____ Position Held: _____

Reference's Information:

Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____

Section 2: filled out by reference only

The information will be confidential and for our records only.

_____ has applied for employment through Andlia Resources Staffing Agency. We
(Applicant Name)
 appreciate your time in filling out this form and mailing it back to us.

Position of Employee: _____

Please rate:	Poor	Fair	Good	Excellent
Competent to perform duties				
Integrity				
Attendance				

Are the above employment dates correct in Section 1? No Yes
 If NO, please state actual dates of employment from: _____ to _____

Would you rehire this individual? No Yes
 If NO, why _____

Relation to Employee (circle): Co-worker / Supervisor / Educator / Other: _____

Signature _____ Date _____

Section 3: filled out by office personnel only

Verbal Reference:
 Person spoke with: _____ Title _____
 Relation to employee: Co-Worker / Supervisor / Educator / Other: _____
 Verified dates of employment: No Yes If No, correct dates: _____
 Comments: _____
 Date: _____ Time: _____
 Signature: _____ Title: _____ Date: _____

REQUEST FOR REFERENCE 2

Section 1: filled out by applicant (reference cannot be a relative)

I _____ SS# _____
(Applicant Name)
 hereby authorize the individual listed below to release all information pertaining to my present/former employment.

Signature _____ Date _____/_____/_____

Dates of Employment: _____ to _____ Position Held: _____

Reference's Information:

Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____

Section 2: filled out by reference only

The information will be confidential and for our records only.

_____ has applied for employment with Andlia Resources Staffing Agency. We appreciate
(Applicant Name)
 your time in filling out this form and mailing it back to us.
 Position of Employee: _____

Please rate:	Poor	Fair	Good	Excellent
Competent to perform duties				
Integrity				
Attendance				

Are the above employment dates correct in Section 1? No Yes
 If NO, please state actual dates of employment from: _____ to _____
 Would you rehire this individual? No Yes
 If NO, why _____

Relation to Employee (circle): Co-worker / Supervisor / Educator / Other: _____

Signature _____ Date _____

Section 3: filled out by office personnel only

Verbal Reference:
 Person spoke with: _____ Title _____
 Relation to employee: Co-Worker / Supervisor / Educator / Other: _____
 Verified dates of employment: No Yes If No, correct dates: _____
 Comments: _____
 Date: _____ Time: _____
 Signature: _____ Title: _____ Date: _____