

# Application Form



Name

Date

# of years

Street address

Own or Rent?

Own

Rent

City

State

Zip code

Previous address if under 5 years

Email address

Telephone

Social Security Number

Date of birth

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Have you ever been convicted of any felony or misdemeanor?

Yes

No

If yes, please explain here

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## Transportation

Some Care giving position require either a car or valid drivers license, including current and valid insurance coverage

*Do you have an automobile?*

*Yes*

*No*

*Make and model*

*Auto license plate number*

*State*

*Drivers license number*

*Insurance Company*

*Insurance policy*

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*Hours you are available*

*Hours desired*

*Times not available*

*Are you available for emergencies?*

*Yes*

*No*

*Are you available for 24 hr live-in position?*

*Yes*

*No*

*3 day*

*4 day*

*5 day*

*Hourly wage required*

*Personal comments*

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*Experience*

*Are you a NJ Certificate Home Health Aide?*

*Yes*

*No*

*or CAN?*

*Yes*

*No*

*If yes, what is your license number*

*What do you like the most about working with seniors/elderly individuals?*

*What is your least desirable aspect of working with the elderly/seniors?*

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## **Employment History**

*May we contact your current employer to verify your employment history?*

Yes      No

*Company*

*From*

*To*

*Job Title*

*Supervisor*

*Duties*

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*May we contact your current employer to verify your employment history?*

Yes      No

*Company*

*From*

*To*

*Job Title*

*Supervisor*

*Duties*

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**Current and Previous Landlords**

*Name*

*Address*

*Number of Years*

*Telephone*

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*Name*

*Address*

*Number of Years*

*Telephone*

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*Name*

*Address*

*Number of Years*

*Telephone*

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## Personal References

*Name*

*Address*

*Years Known / Relationship*

*Telephone*

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*Name*

*Address*

*Years Known / Relationship*

*Telephone*

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*Name*

*Address*

*Years Known / Relationship*

*Telephone*

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Name

Address

Years Known / Relationship

Telephone

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Are you eligible to work in the United States of America?

Yes

No

**Certification and release:** I certify the above information stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions or misrepresentation of facts will result in rejection of this application and/or discharge at any time during employment. I authorize Angel Touch to verify any all information contained within this application, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, school, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.

**Restrictive Covenant:** I agree not to do business directly with any individual or business entity that Angel Touch has introduced to me or by entering into employment with such individuals or business without our written permission

Applicant's Signature

Date