

EMPLOYMENT APPLICATION

Harmony Home Care Services, LLC



(Please Print Legibly)

PERSONAL INFORMATION

FULL NAME: _____
First Middle Last Suffix

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

(SSN): _____ - _____ - _____ **DOB:** _____

Have you lived in the state of North Carolina for the past five (5) years? YES NO

If no, please list the states that you have resided:

DO YOU HAVE A DRIVER'S LICENSE? Yes No

If No, what is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Expiration date _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: Personal Care Assistant CNA Other: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

Highest Level Completed: High School GED College

HIGH SCHOOL: _____

CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO GED? YES NO

ADDITIONAL INFORMATION: _____

COLLEGE: _____

CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

ADDITIONAL INFORMATION: _____

OTHER: _____

CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

ADDITIONAL INFORMATION: _____

OTHER: _____

CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

ADDITIONAL INFORMATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____

RESPONSIBILITIES: (List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company)

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____

RESPONSIBILITIES: (List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company)

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____

RESPONSIBILITIES: (List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company)

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(NOT RELATED)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

OCCUPATION: _____ **YEARS KNOWN:** _____

E-MAIL (optional): _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

OCCUPATION: _____ **YEARS KNOWN:** _____

E-MAIL (optional): _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

OCCUPATION: _____ **YEARS KNOWN:** _____

E-MAIL (optional): _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

NOTE: Background checks are required for this position

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence 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.

In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____

PRINT NAME _____

DATE _____

OFFICE USE ONLY

Reviewed by:

Comments: