



Accurate In-Home Family Care, Inc.

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 Website: <http://www.accurateinhomefamilycare.com> Email: info@accurateinhomefamilycare.com

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____ City _____

State _____ Zip _____

Cell Phone _____ Home Phone _____

Other Phone _____ Email Address _____

Social Security Number _____

List All Aliases (names) you may go by or have gone by _____

List any other Social Security Number(s) your have ever used _____

Position Sought _____ Date of Birth _____

On what date would you be available for work? _____

Desired Wage/Salary \$ _____

Are you authorized to work in the U.S. ? Yes No

Disclose, have you ever been convicted of any criminal offense, include any findings of guilt, pleas of guilty, and pleas of nolo contendere (expect minor traffic offenses)? Yes No

If yes, please explain _____

Disclose, if you are currently or have previously be listed on the EDL "Employee Disqualification List" Yes No

Additional Comments: _____

Do you consent to a pre-employment criminal record check? Yes No

Do you consent to a closed record check? Yes No

EDUCATION

School Name	Type of School	Years Attended	Degree Received	Diploma / Degree

PROFESSIONAL LICENSE REGISTRATIONS AND CERTIFICATES

Type of License / Certificate	Reg. Number	Expiration Date	State Held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List other information license, certificates, or skills:

EMPLOYMENT

1. Employer Name <input type="text"/>	Job Title <input type="text"/>
Dates Employed From <input type="text"/>	To <input type="text"/>
Prior Position Held <input type="text"/>	
Address <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Phone <input type="text"/>	Job Title <input type="text"/> Supervisor <input type="text"/>
Starting Salary <input type="text"/>	Ending Salary <input type="text"/>
Duties Performed	<input type="text"/>
Reason for Leaving <input type="text"/>	
2. Employer Name <input type="text"/>	Job Title <input type="text"/>
Dates Employed From <input type="text"/>	To <input type="text"/>
Prior Position Held <input type="text"/>	
Address <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Phone <input type="text"/>	Job Title <input type="text"/> Supervisor <input type="text"/>
Starting Salary <input type="text"/>	Ending Salary <input type="text"/>
Duties Performed	<input type="text"/>
Reason for Leaving <input type="text"/>	

3. Employer Name	<input type="text"/>	Job Title	<input type="text"/>
Dates Employed From	<input type="text"/>	To	<input type="text"/>
Prior Position Held	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/>
		Zip	<input type="text"/>
Phone	<input type="text"/>	Job Title	<input type="text"/>
		Supervisor	<input type="text"/>
Starting Salary	<input type="text"/>	Ending Salary	<input type="text"/>
Duties Performed	<input type="text"/>		
Reason for Leaving	<input type="text"/>		

May we contact your previous supervisor? Yes No

MILITARY SERVICE

Branch	<input type="text"/>		
From	<input type="text"/>	To	<input type="text"/>
Rank at Discharge	<input type="text"/>		

REFERENCES (Please List 2)

1. Name	<input type="text"/>	Company	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
				Zip	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>		
Relationship	<input type="text"/>	Years Known	<input type="text"/>		
2. Name	<input type="text"/>	Company	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
				Zip	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>		
Relationship	<input type="text"/>	Years Known	<input type="text"/>		

I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that and falsification, misrepresentation or material omission of information submitted on this application will constitute grounds for denial or immediate dismissal from employment.

Signature of Applicant _____

Date _____