An Angel for Everyone LLC

Employee Application Form

Personal Information

- **Full Name:** _____
- **Address:** _____

- **Phone Number:** _____
- **Email Address:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____

Employment Eligibility

- Are you legally authorized to work in the United States? ☐ Yes ☐ No
- Will you now or in the future require sponsorship for employment visa status? ☐ Yes ☐ No

Position Applied For

- ☐ Certified Home Health Aide (CHHA)
- ☐ Other: _____

Certification and Training

- **CHHA Certification Number:** _____
- **Issuing State:** _____
- **Expiration Date:** _____
- **Have you completed a NJ Board of Nursing-approved homemaker-home health aide training program?** ☐ Yes ☐ No
    - If yes, **Program Name:** _____
    - **Completion Date:** _____

- Other Certifications / License: _____

- **CPR Certification:** ☐ Yes ☐ No
    - **Issuing Organization:** _____
    - **Expiration Date:** _____

Availability

(Please check all shifts you are available to work)

- **Monday:** ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight
- **Tuesday:** ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight
- **Wednesday:** ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight
- **Thursday:** ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight
- **Friday:** ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight
- **Saturday:** ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight
- **Sunday:** ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight
- **Are you available for live-in care?** ☐ Yes ☐ No
- **Are you available on short notice?** ☐ Yes ☐ No
- **Other (Please explain if the above schedule does not work for you):**

Education

- **High School Diploma or GED:** ☐ Yes ☐ No
    - **School Name:** _____
    - **Graduation Date:** _____
- **Additional Education or Training:**
    - Institution Name: _____
    - Course of Study: _____
    - Dates Attended: _____

Employment History *(List most recent employment first)*

1. **Employer Name:** _____
    a. **Address:** _____
    b. **Phone Number:** _____
    c. **Position Held:** _____

   d. **Dates of Employment:** From _____ To _____
   e. **Duties and Responsibilities:**

   f. **Reason for Leaving:** _____

2. **Employer Name:** _____
   a. **Address:** _____
   b. **Phone Number:** _____
   c. **Position Held:** _____
   d. **Dates of Employment:** From _____ To _____
   e. **Duties and Responsibilities:**

   f. **Reason for Leaving:** _____

3. **Employer Name:** _____
   a. **Address:** _____
   b. **Phone Number:** _____
   c. **Position Held:** _____
   d. **Dates of Employment:** From _____ To _____
   e. **Duties and Responsibilities:**

   f. **Reason for Leaving:** _____

References *(Provide three professional references)*

1. **Name:** _____
   a. **Relationship:** _____
   b. **Company:** _____
   c. **Phone Number:** _____
   d. **Email Address:** _____
2. **Name:** _____
   a. **Relationship:** _____
   b. **Company:** _____
   c. **Phone Number:** _____
   d. **Email Address:** _____
3. **Name:** _____
   a. **Relationship:** _____
   b. **Company:** _____
   c. **Phone Number:** _____
   d. **Email Address:** _____

Background Information

- **Have you ever been convicted of a felony or misdemeanor?** ☐ Yes ☐ No
    - **If yes, please explain:**

Health Information

- **Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?** ☐ Yes ☐ No
- **Are you able to lift at least 25 pounds?** ☐ Yes ☐ No

Applicant's Certification and Agreement

I certify that all information provided in this application is true and complete. I understand that any false information or omissions may disqualify me from employment or lead to my dismissal if hired. I authorize **An Angel for Everyone LLC** to verify any information provided and to conduct a background check as permitted by law.

Signature: _____
Date: _____