



EMPLOYMENT APPLICATION

PLEASE PRINT

NAME	LAST	FIRST	MIDDLE	
ADDRESS	STREET	CITY	STATE	ZIP CODE
CONTACT INFORMATION	CELL#	HOME#		
SOCIAL SECURITY NUMBER	EMAIL			
ARE YOU EIGHTEEN (18) YEARS OF AGE OR OLDER?	YES	NO	DATE OF BIRTH	
POSITION APPLIED FOR:	WHEN CAN YOU START?			
SALARY DESIRED \$	/HOUR	ARE YOU NEGOTIABLE?	YES	NO

ARE YOU AVAILABLE TO WORK LIVE-IN? YES NO

HOW MANY HOURS A WEEK CAN YOU GUARANTEE TO WORK? _____ PART-TIME FULL-TIME

IF EMPLOYED, YOU WILL BE EXPECTED AND REQUIRED TO WORK ON-CALL. DO YOU ACCEPT? YES NO

PLEASE SPECIFY THE DAYS AND HOURS YOU ARE AVAILABLE TO WORK (CIRCLE ALL THAT APPLY)

MONDAY (DAYS / NIGHTS / EVENINGS / FLEXIBLE)	YES	NO	HOURS AVAILABLE
TUESDAY (DAYS / NIGHTS / EVENINGS / FLEXIBLE)	YES	NO	HOURS AVAILABLE
WEDNESDAY (DAYS / NIGHTS / EVENINGS / FLEXIBLE)	YES	NO	HOURS AVAILABLE
THURSDAY (DAYS / NIGHTS / EVENINGS / FLEXIBLE)	YES	NO	HOURS AVAILABLE
FRIDAY (DAYS / NIGHTS / EVENINGS / FLEXIBLE)	YES	NO	HOURS AVAILABLE
SATURDAY (DAYS / NIGHTS / EVENINGS / FLEXIBLE)	YES	NO	HOURS AVAILABLE
SUNDAY (DAYS / NIGHTS / EVENINGS / FLEXIBLE)	YES	NO	HOURS AVAILABLE
ARE YOU AVAILABLE ON HOLIDAYS? (DAYS / NIGHTS / EVENINGS)	YES	NO	HOURS AVAILABLE

EDUCATION

	NAME and ADDRESS	# OF YEARS COMPLETED	MAJOR/DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			

LICENSES and CERTIFICATIONS

TYPE	LICENSE NUMBER	LICENSING AUTHORITY	LICENSING STATE	EXPIRATION DATE

EMPLOYMENT HISTORY (START WITH MOST RECENT)

NAME OF EMPLOYER	DATES OF EMPLOYMENT	PAY RATE PER HOUR
		\$ /HR
ADDRESS	PHONE NUMBER	
NAME OF MANAGER	REASON FOR LEAVING	MAY WE CONTACT?
		YES NO
NAME OF EMPLOYER	DATES OF EMPLOYMENT	PAY RATE PER HOUR
		\$ /HR
ADDRESS	PHONE NUMBER	
NAME OF MANAGER	REASON FOR LEAVING	MAY WE CONTACT?
		YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES	NO
IF YES, PLEASE EXPLAIN:		

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK?			
DO YOU HAVE A RELIABLE VEHICLE?	YES	NO	
DO YOU HAVE ACTIVE AUTO INSURANCE?	YES	NO	CARRIER/POLICY NUMBER
DO YOU HAVE A VALID NEVADA DRIVER'S LICENSE?	YES	NO	
LICENSE NUMBER	EXPIRATION DATE		
HAVE YOU HAD ANY MOTOR VEHICLE ACCIDENTS WITHIN THE PAST THREE (3) YEARS? YES NO			
IF YES, PLEASE EXPLAIN:			

BESIDES ENGLISH, WHAT OTHER LANGUAGE(S) CAN YOU SPEAK?
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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?	YES	NO	BRANCH:
ARE YOU A MEMBER OF THE NATIONAL GUARD?	YES	NO	

I, _____ hereby authorize Express Home Care Nevada LLC to request and receive from all prior employers within one year(s) of the date of this application, any and all pertinent information concerning my prior employment and termination, including the reasons for such termination.

EMPLOYEE SIGNATURE

DATE

FOR OFFICE USE ONLY

DATE OF HIRE	ADMINISTRATOR
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