



A Better Choice Home Care Employment Application

PERSONAL INFORMATION																
LAST NAME				FIRST NAME				MIDDLE NAME				SOCIAL SECURITY				
PRIMARY NUMBER				SECONDARY NUMBER				EMAIL ADDRESS								
CURRENT STREET ADDRESS				Apt #	CITY				STATE		ZIP		LENGTH OF STAY			
PREVIOUS STREET ADDRESS				Apt #	CITY				STATE		ZIP		LENGTH OF STAY			
OTHER NAMES: If any, under which previous employment, references and education may be verified:								Have you previously worked for A Better Choice Home Care, LLC? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" state when and position:								
EMPLOYMENT INTERESTS & AVAILABILITY																
POSITION DESIRED				AVAILABLE TO START DATE				WAGES DESIRED				How did you hear about us?				
MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY				
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO			
If hired, do you object to working overtime? (This is on a voluntary basis) <input type="checkbox"/> YES <input type="checkbox"/> NO								How many hours a week are you hoping to work? (Hours desired are not guaranteed)								
EMPLOYMENT HISTORY (check box if resume is also included with the application) <input type="checkbox"/>																
EMPLOYER NAME								Summarize the nature of the work performed and job responsibilities: _____ _____ _____ _____ _____ _____								
LOCATION				PHONE NUMBER												
START DATE				END DATE												
HOURLY RATE/SALARY				JOB TITLE												
SUPERVISOR NAME/TITLE				May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO												
Reason for Leaving:																
EMPLOYER NAME								Summarize the nature of the work performed and job responsibilities: _____ _____ _____ _____ _____ _____								
LOCATION				PHONE NUMBER												
START DATE				END DATE												
HOURLY RATE/SALARY				JOB TITLE												
SUPERVISOR NAME/TITLE				May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO												
Reason for Leaving:																
Please account for any period of unemployment of 30 days or more during the past 5 years: <input type="checkbox"/> Not Applicable																
DATES:				REASON (S):												
DATES:				REASON (S):												

A Better Choice Home Care, LLC is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disabilities, or any other basis protected by State, Federal or local law.

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EDUCATIONAL HISTORY					
	SCHOOL NAME	LOCATION <small>(city/state)</small>	DEGREE/AREA OF STUDY	YEARS ATTENDED	GRADUATED?
High School					
College					
Graduate School					
Other					
SKILLS					
Please check off any certifications you have below (these are not a job requirement)					
FIRST AID <input type="checkbox"/>	Expiration Date		CNA <input type="checkbox"/>	Expiration Date	
CPR <input type="checkbox"/>	Expiration Date		HHA <input type="checkbox"/>	Expiration Date	
Please share any experience, training, qualifications, special skills, accomplishments, awards or job-related information which you think makes you suited for work with this company:					
LEGAL					
If hired, will you be able to furnish proof that you are legally authorized to work in the United States?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you 18 years of age or older?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been involuntarily terminated or requested to resign?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a felony or misdemeanor?					<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>IMPORTANT: Do not answer "YES" to this question if:</p> <ol style="list-style-type: none"> 1) The record of conviction has been judicially ordered sealed, expunged, or statutorily eradicated; or 2) The conviction related to an offense for which you were referred to and participated in, any pre-trial or post trial diversion program; or 3) The conviction relates to a misdemeanor for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; or 4) The conviction relates to a marijuana-related misdemeanor that occurred more than two years ago. 					
If "YES"; please complete the following information:					
DATE:	COUNTY:	STATE:	NATURE OF OFFENSE:		
REFERENCES					
NAME	TELEPHONE NUMBER	How does this person know you?			
EMERGENCY CONTACT					
NAME	TELEPHONE NUMBER	RELATIONSHIP			
By signing below this is considered an Authorization of Release of the Employee/Contractor's Emergency Contact information:					
PRINT NAME	SIGN NAME	DATE			

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SIGNATURES & ATTESTATIONS	
Please read the statements below and initial to the left attesting you have read and understood the information:	
INITIAL	I authorize the investigation of all statements contained in this application (and accompanying resume or other documentation, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s) and organizations named in this application (and accompanying resume or other documentation, if any) to provide A Better Choice Home Care, LLC with records, information and opinion, personal or otherwise, that may be useful in making a hiring/contracting decision. I release all information from any liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to A Better Choice Home Care, LLC.
INITIAL	In consideration of employment/contracting, I agree to comply with rules, policies, procedures and standards of A Better Choice Home Care, LLC. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment/contracting is at-will and can be terminated at-will, with or without cause, and with or without notice, at any time, either at my option or A Better Choice Home Care, LLC option. I further agree that the terms of employment/contracting may be changed, except for my at-will status, including but not limited to demotion, promotion, transfer, compensation, benefits, duties and location of work at any time, for any reason, at the option of the Company. I further agree that the at-will nature of my employment/contracting with A Better Choice Home Care, LLC can be modified only by written agreement signed by the President of A Better Choice Home Care, LLC.
INITIAL	I understand that as a condition of employment/contracting, I may be required to take a post-offer physical examination, which may include an alcohol and drug test. I further understand that at any time during my employment/contracting, I may be required to take a physical exam, which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my assessments in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to A Better Choice Home Care, LLC or to its agents, all medical information revealed during such examinations. I further authorize A Better Choice Home Care, LLC to disclose such information to any other persons if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability which will affect my ability to take the test, I will inform A Better Choice Home Care, LLC so that a reasonable accommodation can be made. A Better Choice Home Care, LLC reserves the right to require medical documentation concerning the need for accommodation.
INITIAL	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.
INITIAL	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application and declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment and will be justification for my dismissal from employment, if discovered at a later date.
APPLICANT SIGNATURE	DATE

Please return this application to: Info@abchomecare-sc.com if completed prior to an interview