

ONE-TO-ONE HOME CARE, LLC

APPLICATION for EMPLOYMENT

PERSONAL DATA						
NAME	LAST	FIRST	M	DATE	HOME PHONE	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)				CELL PHONE		
				EMAIL		
MALE / FEMALE			OPEN TO LIVE-IN CARE - YES / NO		FAX NUMBER	
VEHICLE (YEAR, MAKE)		DRIVER'S LICENSE - YES / NO				

PLACEMENT INFORMATION						
DATE AVAILABLE			IDEAL NUMBER OF HOURS PER WEEK			
HOURS AVAILABLE TO WORK						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EDUCATION					
LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES					
NAME OF SCHOOL	LOCATION	SUBJECT	DEGREE	YEARS	

REFERENCES			
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS

EMPLOYMENT HISTORY			
PRESENT/LAST EMPLOYER	TELEPHONE NUMBER ()	SUPERVISOR'S NAME	
ADDRESS	POSITION TITLE	MAY WE CONTACT?	
SUMMARY OF DUTIES	DATES EMPLOYED ___/___ TO ___/___ MO YR MO YR	REASON FOR LEAVING	
FIRST PREVIOUS EMPLOYER	TELEPHONE NUMBER ()	SUPERVISOR'S NAME	

		MAY WE CONTACT?	
ADDRESS		POSITION TITLE	
SUMMARY OF DUTIES		DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR	REASON FOR LEAVING
NEXT PREVIOUS EMPLOYER		TELEPHONE NUMBER ()	SUPERVISOR'S NAME
ADDRESS		MAY WE CONTACT?	
SUMMARY OF DUTIES		DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR	REASON FOR LEAVING

EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS	
DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION	

HAVE YOU HAD A TB TEST IN THE LAST 3 YEARS?	YES / NO	TESTED POSITIVE / NEGATIVE
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By signing this application, I certify this information to be true and agree to allow _____ Homecare to perform a criminal history background check, at their leisure, and I give permission to _____ Homecare, Inc., to check my references.

_____/_____
SIGNATURE DATE

Please mail this form to:

Job Application Services
One-To-One Home Care, LLC
2727 Paces Ferry Road
Suite 750,
Atlanta, GA 30339

Alternatively you can fax the form to:

(678) 653-9656