

Apple Valley Home Care, LLC.
3301-R Coors Blvd N.W. # 276
Albuquerque, NM 87120-1292

Office number 505-850-6870
Alternate number 505-850-6866
Fax 505-750-9829

Employment Application

Date: _____

*** Applicants that do not include a Resume with this application will not be considered for employment.**

Applicant Information

Full Name: _____
Last First M.I. Other Names Used

Address: _____
Street City State Zip

Driver's License: _____ State Issued: _____ Expiration Date: _____

Phone: _____ Email: _____

In case of an Emergency contact: _____ Phone: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Referred by: _____

Specify in detail your current availability. Applicants that do not specify availability will not be considered for employment.

When are you available to work: Mon__ Tue__ Wed__ Th__ Fri__ Sat__ Sun__

Please list the days with the times you are available:

Are you available to work Live In shifts? YES NO

Are you at least 18 years of age or older? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you currently employed? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have reliable transportation? YES NO Car Insurance Expiration: _____

Can you work in a smoking environment? YES NO

Are you willing to work in a household with pets? YES NO

Have you been Immunized for Hepatitis B? YES NO Date Immunized: _____

Have you had a Tuberculosis Test? YES NO If yes, when: _____

Are you CPR Certified? YES NO Expiration Date: _____

Are you First Aid Certified? YES NO Expiration Date: _____

Do you speak other languages in addition to English? YES NO If yes, list languages: _____

Do you have any physical conditions that restrict you to lift or do any physical work? YES NO

Max client weight for transfers: _____ (Enter max client weight you can lift for transfers.)

Have you ever been accused of any type of abuse or neglect of any form, Physical, Sexual, etc.? YES NO

If yes, explain: _____

Have you ever been convicted of a Felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

What are your long term personal and professional goals? _____

Please tell us about yourself and why you want to work for Apple Valley Home Care, LLC.: _____

List any type of Certifications you have along with expiration date:

Disclaimer and Signature

I authorize the investigation of all statements contained in this application and I understand that a criminal background report will be requested. By signing this application I acknowledge that if I do not pass the criminal background check I will be terminated with my employment with Apple Valley Home Care, LLC.

I further understand that any misrepresentation or omission of facts called for in this application is cause for dismissal. If I am accepted for employment with this agency, I agree to abide by all company policies and procedures and I understand that I may be terminated for not complying.

Signature: _____ Date: _____

Apple Valley Home Care, LLC. Is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, gender identity, or any other basis prohibited by federal or state law.

Please mail completed application with Resume attached to:

Apple Valley Home Care, LLC.
ATTN: Human Resources
3301-R Coors Blvd N.W. # 276
Albuquerque, NM 87120-1292

*** Applicants that do not fill out application completely and include a Resume with this application will not be considered for employment.**