



# AT HOME CARE, INC.

## Application for Employment

Main Office: 306 Church St. Port Gibson, MS 39150  
Phone 601.437.3524 Fax 601.437.3570

APPLICANT INFORMATION				APPLICANTS MUST BE TEST FOR ILLEGAL DRUGS			
Last name:		Maiden Name:		First name:		M.I.	Date:
Physical Address:			City:	State:	Zip Code:	APT/UNIT #:	
Mailing Address:			City:	State:	Zip Code:	Desired Salary:	
Home Phone:		Cell Phone:		Email address:		Position Applied For:	
Employment Desired: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CO-OP							
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever worked for this company, if "yes" when? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you related to anyone who works for this company: YES <input type="checkbox"/> NO Name: _____			
Have you ever been convicted of a felony, if so when? _____							
Do you have a current driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO				Have you had any accidents during past three year, if so how many? _____			
PERSON TO CONTACT IN CASE OF EMERGENCY: _____ Relationship: _____							
Address: _____ Contact No.: _____							
RESUME ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO							
EDUCATION							
High School:				Address:			
From:		To:		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College:				Address:			
From:		To:		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:	Major:	
Other:				Address:			
From:		To:		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:	Major:	
REFERENCES							
<b>PLEASE LIST THREE PROFESSIONAL REFERENCES NO RELATIVES</b>							
Full name:				Relationship:			
Position:				Phone:			
Address:							
Full name:				Relationship:			
Position:				Phone:			
Address:							
Full name:				Relationship:			
Position:				Phone:			
Address:							

**PREVIOUS EMPLOYMENT**

Company:				Phone:	
Address:		City:	State:	Zip Code:	Supervisor:
Job title:			Starting salary: \$		Ending salary: \$
Responsibilities:					
From:			To:		
Reason for leaving:					

May we contact your previous supervisor for a reference?  yes  no

Company:				Phone:	
Address:		City:	State:	Zip Code:	Supervisor:
Job title:			Starting salary: \$		Ending salary: \$
Responsibilities:					
From:			To:		
Reason for leaving:					

May we contact your previous supervisor for a reference?  yes  no

Company:				Phone:	
Address:		City:	State:	Zip Code:	Supervisor:
Job title:			Starting salary: \$		Ending salary: \$
Responsibilities:					
From:			To:		
Reason for leaving:					

May we contact your previous supervisor for a reference?  yes  no

Branch:				From:		To:	
Rank at discharge:				Type of discharge:			

If other than honorable, explain:

**PLEASE READ CAREFULLY APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by at home care, inc. (hereinafter called "the company"), I agree that: neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the president/general manager of the company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the company permission to contact schools, previous employers, references, and others, and hereby release the company from any liability as a result of such contact.

I also understand that (1) the company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the company is terminable at will for any reason by either party.

This company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_