

A+ Family Health Care
210 South Main Street
P.O. Box 784
Brownsville, KY 42210
270-975-4050 (phone)
aplusfamilyhealthcare@gmail.com

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or Employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability. Applicants may be tested for illegal drugs.

Personal Information

Name: _____ Date of Application: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you 18 years old or older? Yes No

General Information

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?

- Yes
- No

Have you ever been convicted of any felonies? *(A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)*

- Yes
- No

If yes, please explain.

Education & Training

Circle last grade completed:

Grade – 1 2 3 4 5 6 7 8 9 10 11 12

College – 1 2 3 4

Masters _____ Doctorate _____

	Name & Address of School	Major Course Studied	Graduated or Degree (Yes or No)
High School			
College/University			

Graduate/Technical / Vocational			

List any scholarships, academic honors, awards or special achievements: _____

Skills

Please list any skills you have that are appropriate for the position you are applying for: _____

Please state fully why you believe you are qualified for this position. _____

Position/Availability

Position Applying For: _____

Days/Hours Available

(A Plus family HealthCare is open Monday , Tuesday, Thursday, and Friday from 8:00-5:00, Wednesdays from 7:00-5:00)

- | | <u>Day</u> | <u>Hours</u> |
|---|-----------------|--------------|
| • | Monday _____ | _____ |
| • | Tuesday _____ | _____ |
| • | Wednesday _____ | _____ |
| • | Thursday _____ | _____ |
| • | Friday _____ | _____ |
| • | Saturday _____ | _____ |

What date are you available to start work? _____ Desired Hourly Rate: \$ _____

Employment History

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **THREE** employers.

If currently employed, may we contact your employer? ____ Yes ____ No

1.)

Full Name of Company		Phone Number	
Street Address	City	State	Zip
Name & Title of Supervisor		Title of Your Position	
Beginning Salary/Pay	Ending Salary/Pay	Employed from (Month/Year)	To (Month/Year)

List jobs held, duties performed, skills used & promotions while employed at this company: _____

Reason for Leaving: _____

2.)

Full Name of Company _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Name & Title of Supervisor _____ Title of Your Position _____

Beginning Salary/Pay _____ Ending Salary/Pay _____ Employed from (Month/Year) To (Month/Year) _____

List jobs held, duties performed, skills used & promotions while employed at this company: _____

Reason for Leaving: _____

3.)

Full Name of Company _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Name & Title of Supervisor _____ Title of Your Position _____

Beginning Salary/Pay _____ Ending Salary/Pay _____ Employed from (Month/Year) To (Month/Year) _____

List jobs held, duties performed, skills used & promotions while employed at this company: _____

Reason for Leaving: _____

References

Please list two references other than relatives or previous employers.

1. _____
Name Title/Position Company Phone Number

2. _____

Name

Title/Position

Company

Phone Number

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____