# Americare Assisted Living, Inc – Employment Application

# 2992 Day Road, Deltona, FL 32738 – 386-789-8848

***Completed Applications can be emailed to Eleanor@AmeriCareALF.com or Faxed to 386-789-9914***

***ALL EMPLOYEES MUST BY LAW PASS A DRUG AND CRIMINAL BACKGROUND CHECK.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | First | | |  | | | | | | | | M.I. |  | Birthdate | |  | |
| Street Address |  | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City | |  | | | | | | | | | | | | State | | |  | | | | | | | | ZIP |  | | | | |
| Phone | |  | | | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | |
| Date Available |  | | | | | | | | | | Last four digits of SSN | | | | | | XXX – XX– | | | | | | | |  | | | | | |
| Position Applied for | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | YES | | NO | | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | | | | | YES | | NO | | | | | If so, when? | | | |  | | | | | | | | | |
| Are you employed now? | | | | | | | | | | YES | | NO | | | | | If so, may we contact your employer? | | | | | | | | | | | YES | | NO |
| Type of Employment Full-time  Part-time  Summer  Temporary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | |  | | | | | | | City | | | | |  | | | | | | | | | | | | | |
| From | |  | | | To |  | | Did you graduate? | | | | YES | | | | | NO | | |  | | | | | | | | | | |
| College or Trade School | |  | | | | | | | | | | City | | | | |  | | | | | | | | | | | | | |
| From | |  | | | To |  | | Did you graduate? | | | | YES | | | | | NO | | | Degree | | | |  | | | | | | |
| Employment HISTORY (List Present or most recent positions first) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company** | | |  | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | Name and Position of Supervisor | | | | |  | | | | | | | |
| Job Title | | |  | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | Ending Salary | | $ | | | |
| Responsibilities |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | To |  | | Reason for Leaving | | | | | | |  | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | YES | | | NO | | | |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYMENT HISTORY (continued) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company** | | |  | | | | | | | | | | | | Phone |  | | | | | | | | |
| Address | | |  | | | | | | | | | | | | Name and Position of 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 | | |  | | | | | | | | | | | | Name and Position of 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 | | | |  | | | | | | | | | | | Name and Position of Supervisor | | |  | | | | | | | |
| Job Title | | | |  | | | | | | | | | Starting Salary | | $ | | | | | Ending Salary | | | $ | | |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | To | | |  | | Reason for Leaving | |  | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | YES | NO |  | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | | | |  | | | | | | | | | | | | From | |  | | | To | |  |
| Rank at Discharge | | | | | | | |  | | | | | | | | | Type of Discharge | | | | |  | | |
| If other than honorable, explain | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview  may result in my release. | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | | | | | | | Date | |  | | | |