

Guardian Angel Home Health

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: ()

Do you hold a
valid Driver's
License?

Social Security
Number:
DOB: _____

Date Available:

Desired Salary:

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 yes, when?

Have you ever been convicted of a felony?

YES NO

If yes, explain:

Education

High School:

Address:

From: To:

Did you graduate?

YES NO

Degree:

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:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ()

Address:

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:

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: _____

**GUARDIAN ANGEL
ANGELIC HANDS LLC
HOME HEALTH
ALCOHOL AND DRUG TESTING POLICY &
ACKNOWLEDGEMENT**

POLICY:

Guardian Angel Home Health is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, job applicants and employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. GAHH needs to be notified of any medical marijuana card that you have in your possession. Having a card does not authorize the use of marijuana while working for GAHH. If for any reason you work under the influence the disciplinary action may result in termination. Any refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment.

I _____, HAVE READ THE Alcohol/Drug Testing Policy established by Guardian Angel/Angelic Hands LLC Home Health, I am fully aware that failure to adhere to the policy or refusal to submit to testing will result in immediate dismissal.

I am also aware that if I refuse to sign this acknowledgement, it shall not preclude testing, or otherwise effect the implementation of the policy, since the agency has previously notified me of the requirements to be drug free.

Print Name

Date

Employee Signature

Social Security Number