Guardian Angel Home Health

		Applicar	nt Information				
Full Name:				Da	ate:		
1-11	Last	First		M.I.	- · ·		
Address:	Street Address			Apartment/Ur	nit #		
	Cit.			State	ZIP Code		
	City			State	211 0000		
Phone: ()	vali	you hold a id Driver's ense?	Social Security			
Date Availab	le: Desire	d Salary:		Number: DOB:			
Position Appl	Position Applied for:						
Are you a citi	zen of the United States?	YES NO	If no, are you au	thorized to work in th	e U.S.?		
Have you ever worked for this company? YES NO If yes, when?							
Have you eve	er been convicted of a felony	YES NO		ć			
If yes, explain	n:						
		Edu	ıcation				
High School:		Address	:	£ .	30 T T T T T T T T T T T T T T T T T T T		
From:	То:	Did you graduate?	YES NO	Degree:			
College:		Address		9			
From:	То:	Did you graduate?	YES NO	Degree:			
Other:		Address					
From:	То:	Did you graduate?	YES NO	Degree:			
		Refe	erences				
Please list th	ree professional references				w.		
Full Name:			Relationship:	4			
Company:				Phone: ()			
Address:					4		
Full Name:	4		Relationship:	3			
Company:				Phone: ()			
Address:							
			Relationship:				

Company:			Phone:	()	
Address:	=>X + 2X +		Market Statement and Statement Statement Statement Statement Statement Statement Statement Statement Statement		发表 7. 多. 7. 2. 2.
		Previous Employr	ment		
Company:			Phone:	()	
Address:			Supervisor:	39 :	
Job Title:		Starting Salary:		Ending Salary:	
Responsibilities:					
From:	То:	Reason for Leaving:			
May we contact your p	revious supervisor for a	a reference?	NO		
Company:			Phone:	()	
Address:	*	100	Supervisor:	^ ¥/	8
Job Title:		Starting Salary:		Ending Salary:	
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your pr	revious supervisor for a	a reference?	NO		59
Company:			Phone:	()	
Address:		at the p	Supervisor:		
Job Title:		Starting Salary:		Ending Salary:	
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your pr	revious supervisor for a	YES a reference?	NO		
		Military Servic	e		Section 1
Branch:			From:	То:	
Rank at Discharge:		Туре	e of Discharge:		
If other than honorable,	explain:				
		Disclaimer and Sign	nature	* **	
	- X			9	
AND THE PROPERTY OF THE PROPER	Electricis de la reconstitución de la reconstitució	lete to the best of my kr		. g	5 3 -
If this application leads may result in my relea		derstand that false or m	isleading information	on in my application or ir	iterview
Signaturo				Date:	

CRIMINIAL BACKGROUND CHECK RELEASE OF INFORMATION AUTHORIZATION FORM

By my signature below, I authorize the Colorado through the State Bureau of Investigation, Division of Criminial Information to perform a Colorado criminal history record information check relative to my application for employment or volunteer services with Angelic Hands Inc.

Name: Last	First	Middle	Maiden	
Last	Tist			
Phone #:	The state of the s	Cell #:		
Previous Name(s) inclu	ding previous married name(s) and aliases:		
Address:	4	Ø.		
		Control of the Contro	in I	
5000	the above address for less th	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Social Security #:	Date of Birth:	Sex:		A
Social Security #:	Date of Birth:			
Social Security #: Place of Birth: I understand that the Col and employees shall not above named healthcare which may be incurred a	Date of Birth:	County Division of Crimina any way for providing said Agency and personation. I further u	Race: I Information g this inform any nderstand that	Country and its of the station to the station and all heat the heal

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/Angeli	c Hands LLC Home Health, I am	fully aware that failure to adhere to the policy		
or refusal to submit to testi	ng will result in immediate dismis	ssal.		
		i, 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.				
8		*		
Print Name		Date		
Employee Signature	(a)	Social Security Number		