



Thomas M. Bay  
 President/CEO  
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 Flemington, NJ 08822  
 908-788-9390

## Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Name		Date
Street Address - Current		
City	State	Zip Code
Phone	SS Number	Birth Date
Cell:	Email	
Previous Street Address: if current address is less than 3 years		

EMERGENCY CONTACT	
Name	Phone
Address	Relationship

I am applying for a position as a

Board of Nursing License Information: (Circle appropriate license you hold)	
CHHHA, LPN and/or CNA License #:	CHHHA, LPN and/or CNA License Expiration:
Registered Nurse License # and Expiration:	Registered Nurse Malpractice Insurance Policy (Name, Address and Policy #:

TRANSPORTATION		
Many caregiver positions require the caregiver to transport a client.		
Do you Drive? Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model car	
License plate #	Driver's license #	Auto insurance policy #
Insurance Co.	Insurance Agent Name	Insurance Agent Phone

<b>AVAILABILITY</b>			
Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments			

<b>EDUCATION</b>		
High School	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/Certificates		
Special skills or courses		

<b>EXPERIENCE</b>
Discuss any training or experience working with the elderly
What do you like most about working with the elderly?
What do you like least about working with the elderly?

**EMPLOYMENT HISTORY**

Please provide the **3 most recent employers** you have worked for. Please make sure you include telephone numbers. **Do not include family members or friends.**

May we contact your current employer?

yes     no

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

**\*\*When coming for your interview, please bring the following paperwork:**

**CHHHA NJ License, Driver's License, Auto Insurance ID Card, Social Security Card, Green Card or Passport, PPD/Physical results (CHHHA/LPN, CNA/RN)**

<b>BUSINESS REFERENCES: Do NOT include family members or friends</b>			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

<b>PERSONAL REFERENCES: Do NOT include family members or friends</b>			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I, \_\_\_\_\_, hereby authorize **Anita's Angels, Inc. to request and receive from all prior employers within one (1) year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.**

I also authorize Anita's Angels, Inc. to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If Anita's Angels, Inc. company policy should require a drug test, I am willing to submit to said drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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For Office Use Only – Interviewer Comments
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