



ABLE HANDS HEALTH CARE, INC.
 104 S. White Street, Suite 205-B
 Wake Forest, NC 27587
 984 480 9633 (Office)
 919-200-7073 (Fax)
 ablehandshealthcr@gmail.com

APPLICATION FOR EMPLOYMENT

If you need help filling out this form or for any phase of the employment process, please notify us and every effort will be made to accommodate your needs.

Your application will not be considered if incomplete.

 Name (Last, First, Middle Initial)

 Present Address (Street, City, State, Zip)

Social Security #	Home Phone # ()	Alternate Phone # ()
Position For Which You Are Applying		Starting Rate Required \$ per hour
Check All That Apply: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Referred By?		Are You At Least 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No
This Company will only work with U.S. Citizens and Aliens Lawfully Authorized to Work in the U.S. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. Citizen, are you lawfully authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____		
Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you have worked? <input type="checkbox"/> Yes <input type="checkbox"/> No		



List below 3 past employers, including current, beginning with your most recent, including military service:

Company Name and Address			
Title		Phone # ()	Type of Business
Duties			
Starting Salary \$	Ending Salary \$	From (Month/Year) /	To (Month/Year) /
Name of Supervisor(s)		Reason For Leaving	
Company Name and Address			
Title		Phone # ()	Type of Business
Duties			
Starting Salary \$	Ending Salary \$	From (Month/Year) /	To (Month/Year) /
Name of Supervisor(s)		Reason For Leaving	
Company Name and Address			
Title		Phone # ()	Type of Business
Duties			
Starting Salary \$	Ending Salary \$	From (Month/Year) /	To (Month/Year) /
Name of Supervisor(s)		Reason For Leaving	



May we contact employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact: _____

If your school records are under a different name, please enter that name: _____

High School (Name and Address)		
Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College (Name and Address)		
Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List diploma or degree
Course of Study (major/minor)		
Other (Name and Address)		
Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List diploma or degree
Are you attending school or taking courses now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, where?		
List scholastic honors		

Do you have an appropriate valid driver's license? Yes No

Driver's License # _____

In the past three years have you received any moving violations or been involved in any vehicular accidents that were your fault? Yes No

If so, please explain: _____



REMARKS

I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application will be considered cause for discharge.

I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of the company or me, with or without cause.

This application will be maintained in the Agency's personnel files for one (1) year only, unless renewed.

I acknowledge that I have read and understand these terms:

PRINTED NAME:	SIGNATURE:
DATE:	