



**EDUCATION**

Circle the last school year completed	Grammar								High				College							
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4				
Name of school	Address, City, State								Type of degree, diploma, or certificate				Major				Graduate			
High School																	Yes / No			
College/ Tech / Vocational																	Yes / No			
Other																	Yes / No			

**CERTIFICATION DATA (if applicable)**

Do you hold any professional registrations or certifications in South Carolina (CNA, PCT, CPR, First Aid, etc.)?  Yes  No

Type: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Other states where registered: \_\_\_\_\_

Do you have a current (within the last 11 months) TB/PPD test?  1-step  2-step  none

Do you have a copy of the TB test?  Yes  No Date TB test was given: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Please state any additional information you feel may be helpful in considering your application, such as major accomplishments, business or professional organizations, awards, or special skills.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any Languages you speak:****Please list all skills and qualifications you have.**

Experience changing an adult brief?  Yes  No Experience assisting a patient walking?  Yes  No

Experience with an Alzheimer's patient?  Yes  No Experience giving a shower or bed bath?  Yes  No

Experience transferring a patient from bed to chair?  Yes  No

Where did you get this experience? \_\_\_\_\_

Can you cook?  Yes  No What types of food? \_\_\_\_\_

Are you willing and able to do housekeeping?  Yes  No Explain \_\_\_\_\_

Please list additional personal skills: \_\_\_\_\_

\_\_\_\_\_

**Please list areas you are willing to work.**

Greenville  Simpsonville  Fountain Inn  Piedmont

Berea  Laurens  Taylors  Pelzer

Mauldin  Gray Court  Greer

Other \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list work experience for AT LEAST THE PAST TEN YEARS beginning with your most recent job held. If you were self-employed, give firm or company name. If you were out of work for any reason, please list reason why.

Employer	Dates of Employment From	Starting pay
	To	
Address, City, State and Zip		Ending pay
Telephone Numbers	Fax Number	
Job Title	Name of last supervisor	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Reason for leaving (please be specific)		

Employer	Dates of Employment From	Starting pay
	To	
Address, City, State and Zip		Ending pay
Telephone Numbers	Fax Number	
Job Title	Name of last supervisor	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
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	<b>To</b>	
<b>Address, City, State and Zip</b>		<b>Ending pay</b>
<b>Telephone Numbers</b>		<b>Fax Number</b>
<b>Job Title</b>	<b>Name of last supervisor</b>	
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>		
<b>Reason for leaving (please be specific)</b>		

<b>Employer</b>	<b>Dates of Employment</b> <b>From</b>	<b>Starting pay</b>
	<b>To</b>	
<b>Address, City, State and Zip</b>		<b>Ending pay</b>
<b>Telephone Numbers</b>		<b>Fax Number</b>
<b>Job Title</b>	<b>Name of last supervisor</b>	
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>		
<b>Reason for leaving (please be specific)</b>		

May we contact your present employer?  Yes  No Why not? \_\_\_\_\_

Did you complete this application yourself?  Yes  No Why not? \_\_\_\_\_

**PERSONAL REFERENCES**

List the name and telephone number of three business/work/school references who are NOT related to you.

Name	Telephone	# Years known	How known
	( )		
	( )		
	( )		

Please tell us why you would like to work with Assisting Angels, Inc.

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APPLICANT WAIVER FORM

**As an indication that you have read and understand each sentence, please initial next to each paragraph, and sign your name at the bottom of the page.**

\_\_\_\_\_ I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application or (2) immediately discharge me from the employer's service, whenever it is discovered.

\_\_\_\_\_ I understand that any offer of employment made to me will be contingent upon Assisting Angels, Inc. receiving a complete clean criminal history check report, **at a cost of \$25 that will be deducted from my first check**, that is favorable to maintaining employment and consistent with information previously submitted on this employment application, my passing a pre-employment drug screen and pre-employment physical (if requested).

\_\_\_\_\_ I understand the company's commitment to protect the safety, health, and well-being of its employees, residents, or patients, and all people who come into contact with its workplace and property, and/or use its services. Therefore, if offered employment, I will voluntarily submit to any drug test for the presence of illicit drugs and/or alcohol. Further, I understand that in the event of a positive drug test result and/or and unacceptable background inquiry result, the offer of employment will be withdrawn.

\_\_\_\_\_ I understand that this application remains active for six (6) months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. To remain on "Active status" I understand that I must contact the office at least once a month.

\_\_\_\_\_ I understand that Assisting Angels, Inc. does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

\_\_\_\_\_ If I am hired I understand my employment is at will. This means that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, for any reason, with or without notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that if I accept an assignment, I will remain on the assignment until relief is given and if I walk off the assignment or fail to arrive without giving proper notice, I will be terminated immediately.

\_\_\_\_\_ I understand that I must wear the Assisting Angels, Inc. uniform at all times while on duty. I understand that I am responsible to purchase these from Assisting Angels **at a cost of \$17 per scrub top** (cost may vary according to our cost).

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SIGNATURE OF APPLICANT

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PRINTED NAME OF APPLICANT

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DATE

Phone: (864) 288-7100  
Fax: (864) 288-0109



# Assisting *Angels*, Inc

213 E. Butler Rd. Bldg. F2  
Mauldin, SC 29662  
www.assistingangels.com

**Applicants...please print your name at the top of this page (\*) and sign the bottom (\*\*), leave the rest of the form blank. We will fax this sheet to your employers for verification of employment.**

## Employment Verification

To Whom It May Concern:

(\*) \_\_\_\_\_ has applied for a position with our company. Due to the nature of our business, we are required to obtain references that not only verify the information given to us by the applicant but also address the applicant's performance and character. Please take a few moments to answer the following questions on this page and fax back to 864-288-0109. The information you provide will be held in strict confidence.

(\*)Applicant's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_

Initial compensation: \$ \_\_\_\_\_ per hour week month year

Final compensation: \$ \_\_\_\_\_ per hour week month year

Reason for leaving: \_\_\_\_\_

Eligible for rehire? YES! NO Reason: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

(\*\*)Applicant Signature: \_\_\_\_\_