

APPLICATION

A Peace of Mind Homecare, LLC
371 Webb Circle Monroe, CT 06468.
Phone: 203-980-1634.
Fax : 203-268-5289.

A Peace of Mind Homecare, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: Full-Time Part-Time Both

How did you hear about this position? _____

What days are you available to work? _____

What hours or shifts are you available to work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Personal Information

Have you ever applied to or worked for A Peace of Mind Homecare, LLC before? Yes No

If yes, when?

Do you have any friends, relatives, or acquaintances working for A Peace of Mind Homecare, LLC? Yes No

If yes, state name of person and their relationship to you:

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Have you ever been convicted of a criminal offense (felony or misdemeanor?) Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: A Peace of Mind Homecare, LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? Yes No

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for Leaving: _____

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for Leaving: _____

References

Please provide three (3) personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Are you willing to do a background check? Yes No

AT-WILL EMPLOYMENT

The relationship between you and A Peace of Mind Homecare, LLC is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the A Peace of Mind Homecare, LLC. No representative of A Peace of Mind Homecare, LLC has authority to enter into any agreement contrary to the forgoing “employment at will” relationship. You understand that your employment is “at will”, and that you acknowledge that no oral or written statements or representations regarding your employment can

alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Dated: _____