



**Guardian Angel Home Health & Medical Transport  
Application For Employment**

## Guardian Angel Home Health & Medical Transport

*Guardian Angel Home Health & Medical Transport provides equal employment opportunities to all applicants without regard to age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.*

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### Personal Information

- Full Name: \_\_\_\_\_
- Present Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Mobile/Cell: \_\_\_\_\_
- Social Security Number: \_\_\_\_\_ Are you at least 18 years old?  Yes  No

### Position Desired

- Position Applying For: \_\_\_\_\_
- Salary Requirements: \_\_\_\_\_
- Employment Type:
  - Full Time
  - Part Time
  - Per Visit
  - Pool
- Availability:
  - Day
  - Night
  - Evening
  - Weekend
- Are you a US Citizen?  Yes  No
  - If no, do you have the legal right to remain permanently in the US?  Yes  No
- Do you have adequate transportation to get to work on time and on short notice?  Yes  No

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### Background Information

- Have you been convicted of a crime (excluding misdemeanors/traffic) or released from confinement following a conviction within the last 7 years?  Yes  No
  - If yes, provide date, place, and nature:  
\_\_\_\_\_



- Are you presently charged with any violation of the law (excluding traffic)?  Yes  No
  - If yes, provide date, place, and nature:  
\_\_\_\_\_

## Educational History

Type of School	Name & Location	Year Attended	Graduated?	Degree
High School			<input type="checkbox"/> Y <input type="checkbox"/> N	
College			<input type="checkbox"/> Y <input type="checkbox"/> N	
Other			<input type="checkbox"/> Y <input type="checkbox"/> N	

## Skills & Qualifications

- **Professional Licenses:** (Indicate type, number, and state of issue)  
\_\_\_\_\_

- **Other Skills:** (Computer experience, typing speed, etc.)  
\_\_\_\_\_

- **Languages Spoken (other than English):** \_\_\_\_\_

- **Professional Memberships/Honors:** \_\_\_\_\_

## Emergency Contact

- **Primary Contact Name/Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

- **Out of State Contact Name/Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

## Work History

(Start with most recent)

1. **Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- **Address:** \_\_\_\_\_

- **Job Title/Responsibilities:** \_\_\_\_\_



- Dates (Start/End): \_\_\_\_\_ Supervisor: \_\_\_\_\_
  - May we contact?  Yes  No Reason for Leaving: \_\_\_\_\_
2. Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Address: \_\_\_\_\_
  - Job Title/Responsibilities: \_\_\_\_\_
  - Dates (Start/End): \_\_\_\_\_ Supervisor: \_\_\_\_\_
  - May we contact?  Yes  No Reason for Leaving: \_\_\_\_\_

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## Personal References

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## Applicant Statement (Please Read and Sign)

- **Accuracy:** I certify that the information in this application is true and complete. I understand that misrepresentation may lead to immediate discharge.
- **Background Check:** I authorize the agency to perform criminal history checks, including the Nurse Aide and Employee Misconduct Registries.
- **At-Will Employment:** I understand that employment is for no definite term and can be terminated by either party at any time, with or without cause.
- **Release:** I authorize prior employers and educational institutions to release information and transcripts regarding my history.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Office Use Only

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_