Salus Home Care, LLC

13109 Shriner's Blvd. Suite B, Biloxi, MS 39532

Employment Application

Applicant Information

Full Name: _____ Date:_____

Last   *First*   *M.I.*

Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Phone: _____   Email_____

Date Available: _____   Social Security No.:_____   Desired Salary:$_____

($ Amount Required)

Position Applied for: **CAREGIVER** _____

	YES	NO		YES	NO
Are you a citizen of the United States?	☐	☐	If no, are you authorized to work in the U.S.?	☐	☐
Have you ever worked for this company?	☐	☐	If yes, when?_____		
Have you ever been convicted of a felony?	☐	☐			

If yes, explain: _____

Education

High School: _____   Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐   Diploma::_____

College: _____   Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐   Degree:_____

Other

License(s) Certification(s):	Attained From:	License Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

*Please list three **professional** references.*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____