

LIST WORK SKILLS:

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE #: _____

CAR AVAILABLE: _____

PLATE #: _____ MODEL: _____

AGE: _____ D.O.B. _____

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No

LANGUAGES SPOKEN:

EDUCATION & YEAR GRADUATED

GRAMMAR SCHOOL: _____

HIGH SCHOOL: _____

COLLEGE: _____

OTHER TRAINING: _____

DAYS AVAILABLE:

MON. _____
TUES. _____
WED. _____
THURS. _____
FRI. _____
SAT. _____
SUN. _____

HOURS AVAILABLE:

FULL DAYS _____
MORNINGS ONLY _____
AFTERNOONS ONLY _____
NIGHTS ONLY _____
24 HR. DUTY _____
12 HR. DUTY _____

AREA AVAILABLE:

HOW DID YOU HEAR ABOUT AHS?

NEWSPAPER
 FRIEND
OTHER _____

HOME PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT

NAME: _____

PHONE: _____

RELATIONSHIP: _____

MEDICAL

DATE OF LAST EXAM: _____

PHYSICIAN: _____

ANY MEDICAL CONDITION: _____

WEIGHT: _____ HEIGHT: _____

DO YOU SMOKE? _____

DO YOU CONSUME ALCOHOL? _____

PREVIOUS EMPLOYMENT

FROM	TO	EMPLOYER'S NAME	COMPLETE ADDRESS	TELEPHONE	OCCUPATION	REASON FOR LEAVING
		1.				
		2.				
		3.				

PREVIOUS REFERENCE

NAME	COMPLETE ADDRESS	TELEPHONE	OCCUPATION
1.			
2.			

I hereby authorize AHS to request of any persons listed above any information necessary to enable AHS to train or employ me as a companion. In signing this I give my permission to do a criminal background check.

SIGNATURE _____ DATE _____