

# Life Enhancements Home Health Care, LLC

101 Jost Manor Dr, Florissant , Missouri, 63034  
(314) 764-2309  
newhire@lifeenhancementsllc.com

## Employment / Job Application

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

DESIRED PAY: \$\_\_\_\_\_  HOUR  SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL

### EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN?  YES  NO\*

\*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.?  YES  NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER?  YES\*  NO

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES\*  NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

### EDUCATION

HIGH SCHOOL: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO

DIPLOMA: \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO

DEGREE: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## EMPLOYMENT HISTORY

**EMPLOYER #1:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY

ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER #2:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY

ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## REFERENCES

**REFERENCE #1:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**REFERENCE #2:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**REFERENCE #3:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## MILITARY SERVICE

**ARE YOU A VETERAN?**  YES  NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

## BACKGROUND CHECK CONSENT

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?  YES  NO**

## **DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_