



# ANGEL CARE HOME COMPANION SERVICES, INC.

631-310-6091

[angelcarecompanion@gmail.com](mailto:angelcarecompanion@gmail.com)

[www.angelcarecompanions.com](http://www.angelcarecompanions.com)

## APPLICATION

Last Name \_\_\_\_\_, First Name \_\_\_\_\_, MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State \_\_\_\_\_

Do you have access to a Motor Vehicle? \_\_\_\_\_

.....  
**EMERGENCY CONTACT(S):** In case of an emergency, please contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Relationship: \_\_\_\_\_

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What Position are you applying for? \_\_\_\_\_

When can you start? \_\_\_\_\_

Do you have an HHA Certificate? \_\_\_\_\_

Any other licenses/certificates? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you graduate High School? \_\_\_\_\_, GED? \_\_\_\_\_, Year \_\_\_\_\_

Any other Education or Training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_ Phone \_\_\_\_\_

Position/Title \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Former Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_ Phone \_\_\_\_\_

Can we contact? \_\_\_\_\_

Position/Title \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Former Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_ Phone \_\_\_\_\_

Can we contact? \_\_\_\_\_

Position/Title \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Former Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_ Phone \_\_\_\_\_

Can we contact? \_\_\_\_\_

Position/Title \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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**I understand that as a condition of employment with Angel Care Home Companion Services, Inc. I will be subject to a background check, including but not limited to a criminal history check, inquiries with appropriate NYS Registries and contact with former employers.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**