



Employment Application

Date: _____

Full Name: _____ SS# _____

Current Address: _____ City: _____ State: _____ Zip: _____

Previous Address (if less than 5 years): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Position(s) Applied For: _____

Desired Salary: _____ When can you begin work? _____

Hours Available To Work (we do offer 24/7 coverage)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Full Time Part Time Full or Part Time

Education:

Type of School	Name of School/City/State	No. of Years Completed	Diploma or Degree?
High School	_____	_____	_____
College or Trade	_____	_____	_____
Professional	_____	_____	_____
Other	_____	_____	_____

Have you ever been convicted of a crime? Yes No

If yes please explain: (Criminal Background Check will be completed on all applicants.)

Do you have a valid driver's license? Yes No

Driver's license # _____ State of Issue _____

Have you had any accidents in the past 3 years? Yes No

Have you had any moving violations in the past 3 years? Yes No

Can you provide proof of Insurance for your vehicle? Yes No

Previous Employment Record: (list up to three starting with the most recent)

Employer Name: _____

Supervisor Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Employer Phone # _____

Dates of Employment: Started _____ Ended: _____

Salary: Starting _____ Ending: _____

Reason for Leaving: (please be specific)

List any jobs, duties or positions held as well as any special skills, promotions or advancements with this employer:

May we contact this employer? Yes No

Employer Name: _____

Supervisor Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Employer Phone # _____

Dates of Employment: Started _____ Ended: _____

Salary: Starting _____ Ending: _____

Reason for Leaving: (please be specific)

List any jobs, duties or positions held as well as any special skills, promotions or advancements with this employer:

May we contact this employer? Yes No

Employer Name: _____

Supervisor Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Employer Phone # _____

Dates of Employment: Started _____ Ended: _____

Salary: Starting _____ Ending: _____

Reason for Leaving: (please be specific)

List any jobs, duties or positions held as well as any special skills, promotions or advancements with this employer:

May we contact this employer? Yes No

Personal References: (please list three do not include family members or supervisors listed above.)

Name: _____ Relationship _____

Years known _____ Contact Number _____

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How did you hear about Absolute Angels? _____

The above application may be printed, completed and returned to:

Email: bookkeeping@absoluteangels.org

Mail: Absolute Angels, PO Box 25686, Fort Wayne, IN 46825

Phone: 260.715.7777