



Date: _____

Application Form

Astonishing Caregiving Services

639 Main Street, 101
Stroudsburg PA 18360

Phone: 570-977-5700

Fax: 570-215-2482

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Applicant Information

First Name:		Drivers License # & State:	
Last Name:		SSN:	
Address 1:		Phone:	
Address 2:		Mobile:	
City:		Work:	
State & Zip:		Email:	
		Referred By:	

Section 1 - General Information

Number	Question	Effective Date	Expiration Date
1.	Date Available? (required)		
2.	Job Type? (required) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time? Set Schedule <input type="checkbox"/> On Call <input type="checkbox"/> Any		
3.	Can you provide documentation of a driver's license and auto insurance? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	Driver License Expiration Date:		
5.	Auto Insurance Expiration Date:		
6.	Have you ever been convicted of, or plead guilty or no contest to, a misdemeanor or felony in this state or any other? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	If yes, please explain.		

Section 2 - Employment Verification

Number	Question	Effective Date	Expiration Date
1.	Are you a U.S. citizen? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	If you are not a U.S. citizen, please indicate VISA type and number.		
3.	Are you authorized to work in the U.S.? (required) <input type="checkbox"/> I am authorized to work in the U.S. for any employer. <input type="checkbox"/> I am authorized to work in the U.S. only for my current employer. <input type="checkbox"/> I require sponsorship to work in the U.S. <input type="checkbox"/> I do not know my work status.		

Section 3 - Education

Number	Question	Effective Date	Expiration Date
1.	Name of High School: (required)		
2.	Location of High School: (required)		
3.	Did you graduate? (required)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	Years Attended (From/To): (required)		
5.	Additional Education (vocational, undergraduate, etc.)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	If yes, please list the name of the school and years attended (From/To)		

Section 4 - Other Training: Certifications/Licenses

Number	Question	Effective Date	Expiration Date
1.	Certifications/Licenses:		

Section 5 - Current Employment

Number	Question	Effective Date	Expiration Date
1.	Current Employer:		
2.	Address:		
3.	City:		
4.	State:		
5.	Zip Code:		
6.	Start Date:		
7.	End Date:		
8.	Hours Worked:		
	<input type="checkbox"/> Full Time		
	<input type="checkbox"/> Part Time		
	<input type="checkbox"/> Temporary		
9.	Position/Title:		
10.	Describe Your Responsibilities:		
11.	Supervisor's Name/Title:		
11.	Supervisor's Phone:		
13.	Reason for Leaving:		
14.	May we contact?		

<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Section 6 - Employment History			
Number	Question	Effective Date	Expiration Date
1.	Last Employer:		
2.	Address:		
3.	City:		
4.	State:		
5.	Zip Code:		
6.	Start Date:		
7.	End Date:		
8.	Hours Worked:		
	<input type="checkbox"/> Full Time		
	<input type="checkbox"/> Part Time		
	<input type="checkbox"/> Temporary		
9.	Position/Title:		
10.	Describe Your Responsibilities:		
11.	Supervisor's Name/Title:		
12.	Supervisor's Phone:		
13.	Reason for Leaving:		
14.	May we contact?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 7 - Reference 1			
Number	Question	Effective Date	Expiration Date
1.	Name: (required)		
2.	Company: (required)		
3.	Phone:		

Section 8 - Reference 2			
Number	Question	Effective Date	Expiration Date
1.	Name:		
2.	Company: (required)		
3.	Phone: (required)		

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Section 9 - Emergency Contact Information			
Number	Question	Effective Date	Expiration Date
1.	First Name: (required)		
2.	Last Name: (required)		
3.	Address:		
4.	City:		
5.	State:		
6.	Zip Code:		
7.	Phone 1: (required)		
8.	Phone 2:		
9.	Relationship: (required)		

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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature_____

Date_____