



**Heart 2 Heart**  
CONCIERGE HOME CARE

**APPLICATION FOR**

**EMPLOYMENT**

**INDEPENDENT CONTRACTOR**

Heart 2 Heart Concierge Home Care, LLC (the "Company") is an equal opportunity/affirmative action employer and contractor. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Last Name		First	Initial	Social Security #
Other Name(s) Used				Date of Birth
Address			Cell Phone # ( )	Home Telephone # ( )
Position Applied For		Salary Desired		Email Address:
Referred By				
Are you at least 18 years old?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?
Emergency Contact Number:				

## EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			

List Any Professional Licenses, or certifications including license numbers and expiration dates

Other Special Knowledge, Skills or Qualifications

*For Clerical Applicants Only:*

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, WPM:
Computer Skills (Hardware/Software)	

# EMPLOYMENT HISTORY

List all employed and/or contracted positions for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
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Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

(Use back of page if more space is needed)

## GENERAL

Yes No

- May we contact your current employer for references?
- If hired as an employee, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A "yes" response does not automatically disqualify your application.)

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by or contract with the Company, I shall be subject to dismissal if any of the information I have given in this application is false or misleading, or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment or contract history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment or contracting decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent association with the Company, is intended to create an employment contract between myself and the Company. On the contrary I understand and agree that, if hired/contracted, my employment/contract will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date