

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

DATE OF APPLICATION: \_\_\_\_\_  
DATE OF HIRE: \_\_\_\_\_

TEXAS HOME CARE PARTNERS, LLC  
APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME  
 PER VISIT  CONTRACT

When available for work? \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION<br>(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|----------------------------------------|---------------------------|----------------|
| High School          |                |                                        |                           |                |
| College              |                |                                        |                           |                |
| Bus. or Trade School |                |                                        |                           |                |
| Professional School  |                |                                        |                           |                |

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets or resume if necessary.**

|                                                                                                                                |                         |                  |                |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number                                                           | Name of last supervisor | Employment dates | Pay or salary  |
|                                                                                                                                |                         | From<br>To       | Start<br>Final |
|                                                                                                                                | Your last job title     |                  |                |
| Reason for leaving (be specific)                                                                                               |                         |                  |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                  |                |

|                                                                                                                                |                         |                  |                |
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