

Sit Well Home Care Services
Building 8, 1640 Powers Ferry Rd SE
Marietta, GA 30068

Phone: (404) 484-2064

Employment Application

Please note that Sit Well Home Care Services performs criminal background checks on all potential employees.

PERSONAL INFORMATION:

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Are you eligible to work in the United States?

Yes _____ No _____

If you are under age 18, do you have an employment/age certificate?

Yes ___ No ___

Have you been convicted of a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For

Days/Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hours Available: from _____ to _____

What date are you available to start work?

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ to: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

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Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ to: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

References:

Name/Title Address Phone

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_____