



Personnel Application

Date of Application: _____

Position Applying for: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Social Security #: _____ D.O.B ____/____/____

Are you at least 18 years or older? YES NO will you work in a home with a pet? YES NO

Do you have a driver's license? YES NO Do you have access to a car? YES NO

Do you have access to public transportation? YES NO

Driver License #: _____ State: _____ Expiration Date: ____/____/____

Professional License #: _____ State: _____ Expiration Date: ____/____/____

Have you been arrested or convicted* of any crime within the last 7 years? YES NO

If yes, please explain:

*Conviction will not necessarily disqualify an applicant from employment

How were you referred to ALLIED HOME SERVICES INC?

I am fluent in the following languages:

What are your work preferences?

What Days/Hours are you Available? Please

Available:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From	:	:	:	:	:	:	:
To	:	:	:	:	:	:	:

Education	High School	College	Other
School Name, City, State			
Graduated?			
Degree or Major			

Previous Employment: List your Last 3 employers (both permanent and temporary)							
Dates From	Dates To	Name/Address of employer	Phone #	Supervisor	Position	Salary	Reason for Leaving

Personal References (No Family)				
Name	Address	Occupation	Phone #	Number of years known

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that, in the event of employment, false or misleading information given in my application or interview may result in discharge.

I authorize investigation of all references and statements contained in the application for employment as may be necessary in arriving at an employment decision.

I understand that if I am offered employment, I will be working for ALLIED HOME SERVICES INC, on its payroll, at its client's premises. I understand that my employment may be terminated by ALLIED HOME SERVICES INC at any time, without liability to me for wages and salary except as have been earned by me at the date of such termination.

Applicant's Signature: _____ Date: _____/_____/_____



ALLIED HOME SERVICES INC.

REFERENCE CARD

The applicant name below has applied for a position with ALLIED HOME SERVICES INC and has listed you as a previous employer. We would appreciate your assistance in verifying this applicant's employment and in evaluating his/her job performance so that we can maintain our high standards. All information provided will be held in strict confidence. Thank you.

1. Does the information below correspond with your records? YES NO
2. If No, please give correct information: _____
3. Would you rehire this employee? YES NO
4. If No, please explain. _____
5. Evaluation:

Criteria	Excellent	Good	Average	Poor
Attendance				
Punctuality				
Dependability				
Quality of Work				

6. Comments: _____
- _____
- Name of Institution/Company or Patient _____
- Signature _____ Title _____ Date _____

BELOW TO BE COMPLETED BY APPLICANT

Applicant Name (Print) _____

Social Security Number _____

Previous Employer _____ Full Address _____

Approx. # hrs/week Position(s) held

Dates of Employment From To

Signature of Applicant: _____ Date _____/_____/_____

Telephone Number Fax Number Wage Rate

Reason for leaving

I hereby authorize you to disclose all and any information concerning my employment with your firm to ALLIED HOME SERVICES INC.
I understand this is in accordance with all applicable Federal and State laws.