



PRE-REGISTRATION FOR EMPLOYMENT

All prospective employees of Alpha Senior Home Care LLC will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

PERSONAL

Last Name First Middle Date

Street Address Home Phone

City State Zip Code Cell phone

SECURITY # DATE OF BIRTH SOCIAL

Emergency contact (person not living with you)

Name Telephone
MARITAL STATUS () SINGLE () MARRIED () MARRIED BUT WITHHOLD SINGLE
NUMBER OF DEPENDENTS _____ E-MAIL: _____

COUNTRY OF BIRTH _____ ETHNICITY _____

DO YOU SPEAK ANOTHER LANGUAGE? _____ DO YOU DRIVE? () YES () NO
CAN YOU USE A HOYER LIFT? () YES () NO CAN YOU WORK WITH ANIMAL? () YES () NO
CAN YOU WORK WITH SMOKERS () YES () NO

Have you ever applied for employment with this Agency? _____ Yes _____ No

How many hours a week are you available for work? _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

How did you learn of our organization? _____

Are you willing to work: Days? _____ Evenings? _____ Weekends? _____ Overnight? _____

Days available to work: Sunday Monday Tuesday Wednesday Thursday
Friday Saturday

Position applying for: _ RN() LPN() HHA() PCA() _____