



AM&FM ENTERPRISE, INC.
 Home Care and Adult Day Center Services
 “Helping Our Elderly Maintain Dignity with Love”

www.am-fm-healthcare.org

Email: contact@am-fm-healthcare.org

Allean’s Loving Care
 (941) 747-8504

Sara’s Place
 (941) 747-8504

FAX (941) 747-6505

APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name		First	Middle	Date of Application
Present Address (Number & Street)		City	State	Zip
Daytime Phone () ()	Evening Phone () ()	Social Security Number	Drivers License State: _____ No. _____ Exp Date: _____	
Whom should we notify in the event of any emergency? Include name, address and phone number.				
Position Applying For: Allean’s Home Care Services: _____ Sara’s Place Adult Day Center: _____		Referred by: Newspaper Ad: _____ Employee: _____ Recruiter: _____ Other: _____		

AVAILABILITY

Please Circle the Days and Complete Hours You Are Available to Work (e.g. 11p.m. – 7 a.m.)							
DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
HOURS							
Are you available to be “On-Call”?	_____	YES	_____	NO			
Are you available to work Overtime?	_____	YES	_____	NO			
Are you available to work Holidays?	_____	YES	_____	NO			
Do you have your own vehicle?	_____	YES	_____	NO			
Are you willing to travel out-of-town for training/education?	_____	YES	_____	NO			
Are you willing/available to make overnight trips?	_____	YES	_____	NO			

EDUCATION

NAME & LOCATION	NUMBER OF YEARS ATTENDED	GRADUATED	DEGREE
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Vocational School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Specialized/Professional Training		<input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSES

Professional License Type	License Number	Expiration Date

BACKGROUND

Have you ever been convicted of any crime? YES NO

If "Yes", please explain: _____

NOTE: Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Are you currently charged with any unresolved criminal charged? (i.e. have you been charged with a crime that has not yet resulted in a plea of guilty, court trial or dropping of the charges) YES NO

If "Yes", please explain: _____

NOTE: A "Yes" answer will not automatically disqualify you for employment.

EMPLOYMENT HISTORY

Employer:		Immediate Supervisor Name and Contact Number:	
Address:		May We Contact: ___YES ___NO	
Responsibilities:			
Reason for Leaving:			
Starting Salary	Final Salary	Starting Date	Departure Date
Employer:		Immediate Supervisor Name and Contact Number:	
Address:		May We Contact: ___YES ___NO	
Responsibilities:			
Reason for Leaving:			
Starting Salary	Final Salary	Starting Date	Departure Date
Employer:		Immediate Supervisor Name and Contact Number:	
Address:		May We Contact: ___YES ___NO	
Responsibilities:			
Reason for Leaving:			
Starting Salary	Final Salary	Starting Date	Departure Date
Employer:		Immediate Supervisor Name and Contact Number:	
Address:		May We Contact: ___YES ___NO	
Responsibilities:			
Reason for Leaving:			
Starting Salary	Final Salary	Starting Date	Departure Date

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

“I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and other entities to supply any information concerning my background, and release them from liability and responsibility arising from their doing so. I certify that all the information on this application is true that nothing asked has been omitted. I understand that any material omission or misrepresentation will be sufficient cause for dismissal. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice. I understand that the employer may revise policies and procedures, in whole or in part, at any time, with or without notice. I understand that nothing contained in this employment application or in the granting of any interview is intended to create an employment contract between the employer and myself for either employment or for providing any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing and signed by an officer or the administrator of **AM&FM ENTERPRISE, INC.** If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any or no reason and that the employer retains the same right.”

SIGNATURE OR APPLICANT

DATE

CERTIFICATE OF HEALTH STATEMENT

Applicant Name: _____

Position: _____

Medical rating for employment (circle one):

- A. Suitable for any employment and free from signs and symptoms of communicable disease.
- B. Suitable for any employment if condition/signs and symptoms of communicable disease are corrected.
- C. Suitable for employment in position applied for and free from signs and symptoms of communicable disease.
- D. Not employable. (Explain below):

Signature – M.D.

Date

PROPRIETARY AND PROPERTY OF AM&FM ENTERPRISE, INC.



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ATTESTATION OF RESIDENCY

The following information is provided to identify the individual attesting to the residency requirement for background screening pursuant to Sec. 400.215, Florida Statutes.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ SEX: _____ RACE: _____

I, _____, do hereby attest under penalty of perjury that I have physically resided in the State of Florida for the previous 5 years and do hereby meet the residency requirement set forth as a condition of background screening pursuant to s.400.215 F.S.

 Signature of Affiant

 Date

-OR-

I, _____, do hereby attest under penalty of perjury that I have not physically resided in the State of Florida for the previous 5 years and therefore, do not meet the residency requirement set forth as a condition of Level 2 background screening and may be subject to current screening requirements pursuant to s.400.215 F.S.

 Signature of Affiant

 Date



Request for Level 2 Background Screening Account Code Number(s) _____

Name of Agency/Facility: _____

Address: _____
 Number City St Zip Phone Number

Name of Owner of Facility: _____

Address: _____
 Number City St Zip Phone Number

Type of Applicant:

<input type="checkbox"/> Administrator	<input type="checkbox"/> Relief Person
<input type="checkbox"/> Financial Officer	<input type="checkbox"/> CNA
<input type="checkbox"/> Owner/Operator with 5% interest or more	<input type="checkbox"/> Other
<input type="checkbox"/> Employee	

Type of Facility:

<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Nursing Home Facility	<input type="checkbox"/> Laboratory
<input type="checkbox"/> Homemaker, Companion, Sitter Agency	<input type="checkbox"/> Adult Day Care Facility	<input type="checkbox"/> Hospital
<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Adult Family Care Home	
<input type="checkbox"/> Nurse Registry	<input type="checkbox"/> Other, please specify: _____	

PRINT OR TYPE ALL INFORMATION

**THIS SPACE RESERVED FOR
FDLE USE ONLY**

Name: _____
 Last First Middle Maiden

Race: () White, () Black, () Indian/Alaskan, () Asian/Pacific Islander
() Unknown

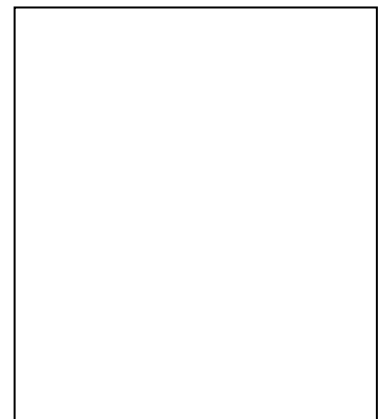
Hispanic: () Yes () No

Sex: () Male () Female DOB: _____

Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____





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EMPLOYEE TELEPHONE REFERENCE CHECK

Applicant’s Name: _____ Position Applied For: _____

Employer Contacted: _____ Employer Telephone: _____

Name of Reference: _____ Title: _____

Dates Employed: From _____ / _____ / _____ To: _____ / _____ / _____

Applicant’s Title: _____

Applicant’s Reason for Leaving: _____

To the best of your knowledge, is there any reason this applicant could not perform the essential functions of the position applied for? Yes No *(If “Yes”, please explain on back)*

Is Applicant eligible for rehire? Yes No *If “No”, please explain: _____*

Applicant’s Qualifications	
Attendance	
Attitude & Cooperation	
Appearance	
Ability to Take Instructions	
Character	
Dependability	
Effective Utilization of Time	
Interpersonal Relations	
Technical Ability	
Additional Remarks	

 Interviewer’s Signature

 Date

STRENGTHS

1. _____

2. _____

3. _____

WEAKNESSES

1. _____

2. _____

3. _____

SUMMARY COMMENTS

