

Guardian Angel Healthcare, LLC
851 S. Beckford Drive
Henderson, NC 27536

Application for Employment

Resume Attached: Yes No

Position Applied for _____

Available to Start _____

Full Legal Name _____
 Last First M.I. Maiden

Home Address _____
 No. & Street Apt./Unit #

 City State Zip Code

Home Phone () _____ Alternate Phone () _____

Email Address _____

Date of Birth _____

Emergency Contact Person () _____
 Name Phone # Relationship

Days/Hours Available
 For days you are not available, use N/A

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Earliest							
Latest							

Do you have any friends, relatives, or acquaintances working for Guardian Angel Healthcare, LLC? Yes No

If so, who _____ Your Relationship _____

Highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Expected Salary per Hour _____

Do you have a high school diploma or GED equivalency? Yes No
 Please submit a copy of your diploma or transcript (required for hire).

Educational Institution

Type of School	Name of School	Location	Dates Attended	Major/Degree Rec'd
High School				
College				
Bus. Or Trade School				
Professional School				
Other				

Licenses/Certifications _____
 Type Issue State License # Expires

 Type Issue State License # Expires

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Do you have a valid driver's license? Yes No

Do you have reliable transportation to work? Yes No

Have you ever been convicted of a crime other than a minor traffic violation that would adversely affect your employment with Guardian Angel Healthcare, LLC? Yes No **If so, explain:**

Work Experience: Start with the most recent work experience. Describe all traditional, military, and voluntary work experience. Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.

Name of Employer		Dates Employed	From To
Address		Last Salary	
City, State, Zip Code		Supervisor	
Phone	()	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:		Reason for Leaving:	

Name of Employer		Dates Employed	From To
Address		Last Salary	
City, State, Zip Code		Supervisor	
Phone	()	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:		Reason for Leaving:	

Name of Employer		Dates Employed	From To
Address		Last Salary	
City, State, Zip Code		Supervisor	
Phone	()	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:		Reason for Leaving:	

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References

Reference Type:	Name	Title/Relationship	Address	Phone Contact
Previous Supervisor				
Previous Co-Worker				
Family/Friend				

I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification of this information may result in my forfeiture of employment.

I understand that all information on this job application is subject to verification and I consent to criminal history and background checks. I also agree that you may contact any references and educational institutions listed on this application.

Signature _____

Date _____

Guardian Angel Healthcare, LLC

851 S. Beckford Drive
Henderson, NC 27536
Tel: (252) 572-1300

Reference Checks

Name: _____

DOB: ____/____/____

I hereby authorize Guardian Angel Healthcare, LLC to complete a reference check for the purpose of providing information relevant to my being considered for employment. I release the company from all liabilities in providing this information regarding my employment/previous employment with you.

Employee Signature

_____/_____/_____
Date

----- DO NOT FILL OUT BELOW THIS LINE -----

The applicant named above has applied for employment with our agency. Please verify the following information.

Fax Phone

Employment: _____ Supervisor _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____

Last position held: _____

Dates of employment: ____/____/____ to ____/____/____

Additional Information: _____

Reference Provider Signature/Title

_____/_____/_____
Date

GAH Agency Representative Signature/Title

_____/_____/_____
Date

Please send by:
Mail: 851 S. Beckford Drive, Henderson, NC 27536
or
Email: admin@gahcare.org

Guardian Angel Healthcare, LLC

851 S. Beckford Drive
Henderson, NC 27536
Tel: (252) 572-1300

Criminal Background

Information

Applicant Name: _____

SSN: ____/____/____

Birth Date: ____/____/____

Consent

As a condition of my employment, I understand and give consent to Guardian Angel Healthcare, LLC to perform a criminal background check. I release all parties from all liability to include: the employer, any person(s), firm, or corporation who provides information concerning my prior education, employment, or character.

By affixing my signature below, I authorize Guardian Angel Healthcare, LLC to release any, and all confidential information contained in my criminal background report located in my employee file to the following:

- Any medical facility
- Any entity that has a staffing agreement with Guardian Angel Healthcare, LLC
- Any other government or regulatory agency

Signatures

Applicant Signature

____/____/____
Date

Agency Representative Signature

____/____/____
Date

Guardian Angel Healthcare, LLC
Healthcare Registry Check / Office of the Inspector General Report

Applicant Information

Applicant Name: _____ Date: ____/____/____

SSN: _____ - _____ - _____

Birth Date: ____/____/____

License Number: _____

Conformation Information

Were there any findings? Yes No

Confirmation Number: _____

Signature

Agency Representative Signature/Title

____/____/____