



APPLICATION

Shannon Private Home Care, Inc.

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. -----	
ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

POSITION DESIRED

POSITION	DATE YOU CAN START	DESIRED RATE
ARE YOU WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE/ TRADE / BUSINESS			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

WORK HISTORY (List below last FIVE year work history, starting with the latest one first.)

DATE MONTH AND YEAR	NAME & ADDRESS OF COMPANY	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (Give below the names of three persons not related to you, whom you've known at least one year)

NAME	PHONE NUMBER	PERSONAL or BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if contracted, falsified statements on this application shall be grounds for contract termination.

I authorize investigation of all statements contained herein and the reference and work history listed above to give you any and all information concerning previous work history and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

SIGNATURE _____ **DATE** _____

INTERVIEWED BY _____ **DATE** _____

_____ **OFFICE USE ONLY** _____

REMARKS

NEATNESS		ABILITY		
PERSONALITY		CHARACTER		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES