Personal Touch Home Care

LLC · Las Cruces, New Mexico

(575) 639-3341 · (575) 800-5928
nanette3313@gmail.com

Employment Application

Please print clearly, or type directly into this form, then print and sign.

Personal Touch Home Care LLC is an Equal Opportunity Employer. We consider all applicants for employment without regard to race, color, religion, gender, national origin, age, disability, or veteran status.

APPLICANT INFORMATION

Full name * _____ **Date** _____

Address _____

City / State / Zip _____ **Years at this address** _____

Phone number * _____ **Email address** _____

Social Security No. _____ **Driver's license — state** _____ **License number** _____

EMERGENCY CONTACT

Name _____ **Relationship** _____

Address _____ **Phone** _____

POSITION & AVAILABILITY

Position applied for _____ **Who referred you? (optional)** _____

Do any friends or relatives work here? If yes, please list

Have you applied to / worked for us before? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Willing to work any shift, including nights & weekends? ☐ Yes ☐ No

If no, please state any limitations

If offered a position, when could you begin work?

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WORK ELIGIBILITY

Are you legally eligible to work in the United States? ☐ Yes ☐ No

Can you provide proof of eligibility if hired? ☐ Yes ☐ No

Applicant skills — please list any relevant skills or experience

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

Employer name _____ **Supervisor** _____

Address / City / State / Zip _____ **Phone** _____

Job title & duties _____

Reason for leaving _____ **Dates employed** _____

Employer name _____ **Supervisor** _____

Address / City / State / Zip _____ **Phone** _____

Job title & duties _____

Reason for leaving _____ **Dates employed** _____

Employer name _____ **Supervisor** _____

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Reason for leaving _____ **Dates employed** _____

EDUCATION & TRAINING

Did you graduate high school? ☐ Yes ☐ No

Colleges / universities attended, and whether you graduated

Current professional licenses or certifications (CNA, CPR, etc.)

REFERENCES (TWO, WHO ARE NOT RELATIVES)

Reference 1 — name	**Relationship**	**Phone**
Reference 2 — name	**Relationship**	**Phone**

CERTIFICATION & SIGNATURE

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application or, if employment has commenced, immediate termination. I authorize Personal Touch Home Care LLC to contact my former employers and educational institutions as references. I understand that unless I am offered a specific written contract of employment signed by the Office Manager/Director, my employment is "at-will" — either the organization or I may end the employment relationship at any time, with or without cause or notice.

Applicant signature * _____ **Date *** _____