

Love, Family Strong Healthcare Service LLC
Application for Employment

Applicants are not required to give information prohibit by Federal, State/provincial or local law.

Date: _____ Social Security #: ____ - ____ - ____ DOB: _____

Name:

Last	First	MI
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Current Address:

Number/ Street	City, State/Province, Zip Code
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Previous Address (if current address is less than 5 years)

Home Phone #: _____ Cell Phone #: _____ Other #: _____

Driver's License #: _____

Has your driver's license ever been suspended or revoked? Yes ___ No ___.

If so, please explain

Have you ever entered a plea of guilty or nolo contendere to or been convicted of a felony or of anything other than a minor traffic accident? Yes ___ No ___.

If so, please explain

Have you ever been bonded? Yes ___ No ___.

Have you ever been denied bond coverage? Yes ___ No ___.

Are you a U.S. citizen? Yes ___ No ___.

Are you authorized to work in the U.S.? Yes ___ No ___.

Education/Training

High School Name	Location	School/University Phone Number	Did you graduate ? Yes ___ No ___	GPA
Business, Trade School & Colleges	Location	School/University Phone Number	Did you graduate ? Yes ___ No ___	GPA
Business, Trade School & Colleges	Location	School/University Phone Number	Did you graduate ? Yes ___ No ___	GPA

Do you consent to a pre-employment criminal record check? Yes ___ No ___.

**Do you consent to close Background check, Pursuant to section 610.120 RSMO? Yes ___
No ___.**

Would you work: Full Time ___ Part Time ___

Work History: List most recent employer first, include part-time employment.

Employment Dates From To	Company and Address	Position(s)	Salary	Immediate Supervisor	Reason for Leaving

**If currently employed, may we contact your employer at this time for a reference? Yes ___
No ___**