

Anastasia Care Services LLC

Four Tower Bridge, 200 Barr Harbor Dr #400, Conshohocken, PA 19428
Telephone (484) 862-5270 Fax: 610 675 2604

Application for Employment

We are an equal opportunity employer who provides equal access to programs, services and employment to all persons. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, marital status, sexual orientation, age, physical or mental disability, or covered veteran status. Those applicants requiring reasonable accomodation to the application and/or interview process should notify Anastasia Care Services LLC.

Personal Information

Last Name		First		M.I.	Dt of Birth
Street Address				Apartment/Unit #	
City			State	ZIP	
Phone		E-mail Address			
Date Available			Social Security No.		

Position Specific Information

Position Applied For RN License # _____ CNA Registration # _____

Home Health Aide Homemaker Companion

Other: _____

Has your license ever been suspended or revoked? YES NO If yes, explain

Part Time Full Time Live-In 12-Hour Shifts: AM PM

Time Availability: (check all times you are available for work; times noted are approximate)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 am to 12							
12 pm to 4							
4 pm to 8							
8 pm to 12							
12 am to 4							
4 am to 8							

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when?

Have you ever been convicted of a felony or misdemeanor? YES NO If yes, detail

Languages Spoken Spanish French Russian Vietnamese Korean

Other _____

Education			
High School		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
College		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other	Address		
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

Please List Three Professional References:	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Previous Employment			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:

Street: _____

City: _____ State: _____

Other Name(s) Used and Date(s)

Changed: _____

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

Social Security Number: _____ Date of Birth: _____

I authorize a photocopy of this release to be accepted with the same authority as the original and if employed by Anastasia Care Services, this release will remain in effect throughout such employment.

Signature: _____ Date: _____

PLEASE RETURN APPLICATION/FAX OR EMAIL TO:
Four Tower Bridge, 200 Barr Harbor Dr #400, Conshohocken, PA 19428