

**Better Care Home Aide, Inc**

4070 Na Ah Tee Trail  
Snellville, GA 30039-8001

Tel: 770-875-7785. Fax: 678-344-5606

---

**Employment Application**

Please note that Better Care Home Aide, Inc performs criminal background checks on all potential employees.

---

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you eligible to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment/age certificate?

Yes \_\_\_ No \_\_\_

Have you been convicted of a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

---

**POSITION/AVAILABILITY:**

Position Applied For

\_\_\_\_\_

Days/Hours Available

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work?

\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

---

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

=====

**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

---

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name/Title Address Phone

---

---

---

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature\_\_\_\_\_

Date\_\_\_\_\_