Application For Employment

ihelp Healthcare Services

Please download this form first and then type your answers. Save the form and email the file to ihelpinc@yahoo.com.

Personal Information

Name

Address	City	State	Zip

Contact number ☐ Home ☐ Mobile

Email address

Are you legally eligible to work in the US?

Yes ☐   No ☐

Number we can reach you via text message (SMS)

If selected for employment are you willing to submit to a background check?

Yes ☐   No ☐

Position

Position you are applying for **PERSONAL ATTENDANT**	Available start date	Desired pay

Employment desired

☐ Full time   ☐ Part time   ☐ PRN

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Employer (4)	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Employer (5)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	