

## ASSISTING ANGELS, LLC APPLICATION FOR EMPLOYMENT

Assisting Angels, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Upon completion fax to 601-956-8840 or email to [info@assistingangelsllc.com](mailto:info@assistingangelsllc.com)

### PERSONAL:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_ Full Time \_\_\_ Part Time

Phone # \_\_\_\_\_

Social Security Number \_\_\_\_\_

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**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Yrs Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

### College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

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### PROFESSIONAL LICENSE:

Type of License(s) Held \_\_\_\_\_

State of Mississippi License Number \_\_\_\_\_ (attach)

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

If any employment was under a different name, indicate name \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_ To \_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs. \_\_\_\_

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

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Duties \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs. \_\_\_\_

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

**REFERENCES:**

**Professional**

**Name** \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_

**Name** \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_

**Personal**

**Name** \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_

**Name** \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Assisting Angels to verify their accuracy and to obtain reference information on my work performance. I hereby release Assisting Angels from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this application to 601-956-8840 or email to [info@assistingangelsllc.com](mailto:info@assistingangelsllc.com)