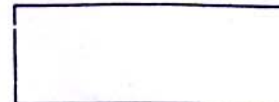


SURE CARE HOME HEALTH CORP.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5

DATE: _____

Name: _____
Last
First
Middle
Maiden

Present address: _____
Number
Street
City
State
Zip

How long: _____

Social Security no.: _____ - _____ - _____

Telephone: (____) _____

Date of Birth: _____

if under 13, please list age: _____

Days/hours available to work:

Position applied for (1) _____
 and salary desired (2) _____
 (be specific)

No pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Can you work nights? _____

Employment desired FULL-TIME PART-TIME ONLY FULL-PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last jobTitle			

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you work at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last jobTitle			

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you work at this company.

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's License

number: _____ State of Issue: _____ Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years?

How many? _____

Have you had any moving violations in the past three years?

How many? _____

OFFICE ONLY

Typing Yes No _____ WPM

10-Key Yes No Word Processing Yes No _____ WPM

Personal Computer Yes No PC Mac

Other skills: _____

Please list two references other than relatives or previous employers.

Name: _____
Position: _____
Company: _____
Address: _____
Telephone: () _____

Name: _____
Position: _____
Company: _____
Address: _____
Telephone: () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.