

EMPLOYMENT HISTORY: Please provide list of your employers within past year and reason for leaving

EMPLOYER NAME	EMPLOYMENT DATES	Name of Supervisor	Pay Rate per Hour
Employer	From		\$
Address:	To	May we contact? YES () NO ()	
Phone #:			
Reason for Leaving Employment:			

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DO YOU HAVE A DRIVER'S LICENSE? ____ YES ____ NO What is your means of transportation to work: _____
 Driver's License # _____ Issuing State : _____ Expiration Date: _____

Have you had any motor vehicle accidents within past three (3) years? Please explain:

Have you had any moving violations during the past three (3) years? ____ YES ____ NO How many?

Pls explain if there's any

MILITARY

	YES	NO
HAVE YOU EVER BEEN IN THE ARMED FORCES?		
ARE YOU NOW A MEMBER OF NATIONAL GUARD?		
What Branch did you enlist?		

I, _____ hereby authorize Express Home Care LLC to request and receive from all prior employers within one year(s) of the date of this application, any and all pertinent information concerning my prior employment and termination, including the reasons for such termination.

Employee Signature

Date