

Please complete the entire application.

**Employer Information**

Employer Name: Live Life and Smile Home Care Services LLC  
Address: 2542 S. 75th Street  
City/State/ZIP Code: Philadelphia, Pennsylvania 19153  
Phone Number: (888)339-7701

It is the policy of Live Life and Smile Home Care Services LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

**Applicant Information**

Applicant Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Years at This Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Secondary Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

**Emergency Contact**

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Mobile Phone Number: \_\_\_\_\_

**Job Position Applied For:** Caregiver or Administration

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Who referred you to our company? \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to work any shift, including nights and weekends? \_\_\_\_ Yes \_\_\_\_ No

If no, please state any limitations: \_\_\_\_\_

If applicable, are you available to work overtime? \_\_\_\_ Yes \_\_\_\_ No

If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_

If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_  
Yes \_\_\_\_ No

**Applicant's Skills**

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Typing	_____	1 2 3 4 5
<input type="checkbox"/> Answering telephones	_____	1 2 3 4 5
<input type="checkbox"/> Filing	_____	1 2 3 4 5
<input type="checkbox"/> Customer service	_____	1 2 3 4 5
<input type="checkbox"/> Compassionate Caregiving	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

**Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP Code: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

**Applicant's Education and Training**

College/University Name and Address:  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address:  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):  
\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:  
\_\_\_\_\_

Awards, Honors, Special Achievements:  
\_\_\_\_\_

**References**

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Additional Information**

false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Live Life and Smile Home Care Services, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Human Resource Department, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Live Life and Smile Home Care Services, LLC, except in a specific written contract of employment signed on behalf of the organization by its Human Resource Department, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date