

Employment Application

MultipleMe, LLC
P.O. Box 25884
Richmond, VA 23260



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Email: info@multipleme.com

EMPLOYER: It is our policy to provide e ability or veteran status.

PERSONAL DATA

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.		Desired Salary
Position Applied for <input type="checkbox"/> Childcare Provider <input type="checkbox"/> Driver <input type="checkbox"/> Tutor <input type="checkbox"/> Mother's Helper <input type="checkbox"/> Friday(assistant) <input type="checkbox"/> Concierge <input type="checkbox"/> Adult Care Companion <input type="checkbox"/> Multiple Me Office Staff <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Other				
Preferred start date (MM/DD/YY)				
Availability : Full-time Permanent Part-time Temporary Part-time				

EMPLOYMENT ELIGIBILITY

Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Do you have valid Work Visa?	YES	NO	Visa number and expiration date:		
Have you ever worked for this company?	YES	NO	If so, when?		
Have you ever been convicted of a felony?	YES	NO	If yes, explain		
Do you have a valid driver's license?	YES	NO	License Number	State	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES	NO	Degree
College		Address			

From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

EMPLOYMENT HISTORY

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

REFERENCES

Please list three professional references of persons not related to you who know your qualifications.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()

Address

Job-related skills

Licensing/Certificates:

CPR/First Aid

YES NO

Medication Administration

YES NO

Specialty Training in Childcare

YES NO

Current professional status: List fields of work for which you have been registered.

Registration: State:
Registration: State:
Registration: State:

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

CERTIFICATION

I hereby certify that all entries on the application and any attachments are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery may cause forfeiture on my part to any employment with Abraham Youth & Family Services. I understand that all information on this application is subject to verification and I consent to reference and former employers and educational institutions listed being contacted regarding this application. Finally, I attest, under penalty of perjury, that I am legally authorized to work in the United States of America.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date