

ATLIS ACQUISITIONS, INC.

320 West Bower, P.O. Box 2267, Harrison, AR 870-741-7512

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address: Street _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Cell _____ Work _____

Check which level of training you have received:

RN _____ LPN _____ CNA _____ PCA _____

Have you worked in a facility such as a nursing home or hospital providing direct patient care for at least a year? _____ If so, where? _____

Do you drive? _____ Do you have access to a vehicle? _____ Proof of Liability? _____

Do you know how to: Cook? _____ Do laundry? _____ Do light housekeeping? _____

For 24 Hour Live-in Work:

Are you able to work as a 24 hour live-in for a few days at a time? _____

If so, how many days can you stay at a time? _____

What days are you available for work? _____

Date you are available to start work: _____

For Hourly work: Please mark the days and hours that you are available to work.

MONDAY _____ HOURS _____

TUESDAY _____ HOURS _____

WEDNESDAY _____ HOURS _____

THURSDAY _____ HOURS _____

FRIDAY _____ HOURS _____

SATURDAY _____ HOURS _____

SUNDAY _____ HOURS _____

Date you are available to start work: _____