

## **CARE 4 U HEALTHCARE SERVICE, LLC**

Employment Application download, fill, and resend to info@care4uhealth.com

| APPLICANT INFORMATION                            |  |  |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
|--|--|--|--------|-------------|-----------|---------------------|--------|-----------------------|----------------------------|--|------------|--------------|----------------|----------|---------------|----|-----|-----|------|--|
| Last Nam   | AMPONSAH   |  |        |             |           |                     | First  | A                     |                            |  |            | M.I.         | M.I.           |          | Date 10/29/25 |    | 25  |     |      |  |
| Street Ad  | 4110 Clarke Street                                 |  |        |             |           |                     |        |                       |                            |  |            | Apart        | Apartment/Unit |          | #             |    |     |     |      |  |
| City Bealeton                                    |  |  |        |             |           | State VA            |        |                       |                            |  |            |              | ZIP            | 227      | 12            |    |     |     |      |  |
| Phone  | 70329  | 96727  | '9     |             |           |                     |        | E-mail /              | ail Address yaaowusuwaa48@ |  |            |              | ı48@g          | mail.cor | n             |    |     |     |      |  |
| Date Avai  | 11/03/2025   |  |        |             | Social Se | Social Security No. |        | 231 97                | 7 5518 Des                 |  |            | sired Salary |                |          |               |    |     |     |      |  |
| Position A                                       | Applied  | for Caregiver                                  |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| Are you a  | citizer  | of the United States?                          |        |             |           | YES 🗆               | N      | 0 🗆                   | If no,                     | If no, are you authorized to work in the |            |              |                |          | e U.S.        | .? | YES | 5 🗆 | NO 🗆 |  |
| Have you   | ever v   | vorked for this company?                       |        |             |           | YES 🗆               | N      | 0 🗆                   | If so, \                   | If so, when?                             |            |              |                |          |               |    |     |     |      |  |
| Have you   | ever b   | peen convicted of a felony?                    |        |             |           | YES 🗆               | N      | 0 🗆                   | If yes,                    | If yes, explain                          |            |              |                |          |               |    |     |     |      |  |
|  |  |  |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| EDUCATION  |  |  |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| High Scho  | T. I.  | T. I. Ahmadiyya Senior High S                  |        |             | chool     | Α                   | ddress | Kumas                 | si                         |  |            |              |                |          |               |    |     |     |      |  |
| From   |  | To Did you graduate? Y                         |        | ES 🗆        | NO 🗆      | Degree              |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| College  |  |  |        |             |           | Α                   | ddress |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| From   |  | To Did you graduate? YES                       |        | ES 🗆        | NO 🗆      | Degree              |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| Other  | Med  | dical Assistant                                |        |             |           |                     | Α      | ddress                |                            |  |            |              |                |          |               |    |     |     |      |  |
| From   |  |  | То     | 2015        | Did you g | ıraduate?           | Υ      | ES 🗆                  | NO 🗆                       |  | Degree     |              |                |          |               |    |     |     |      |  |
|  |  |  |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| REFERENCE  | References   |  |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| Please lis                                       | t three  | profe  | ession | nal referer | nces.     |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| Full Name Victoria Manu                          |  |  |        |             |           |                     |        | Relationship Co-wor   |                            |  |            | orker        |                |          |               |    |     |     |      |  |
| Company  |  | House Calls Home Care                          |        |             |           |                     |        |                       |                            | Phor                                     | ne         | 57199        | 5719995898     |          |               |    |     |     |      |  |
| Address  |  | 3431 Allerton Ct, Apt 103, Dumfries, VA, 22062 |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| Full Name Awo Amoako                             |  |  |        |             |           |                     |        | Relationship Client's |                            |  |            | 's daugl     | nter           |          |               |    |     |     |      |  |
| Company  |  |  |        |             |           | Phone 5714271567    |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| Address 2981 Stockholm Way Woodbridge, VA, 22191 |  |  |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
| Full Name Osei Owusu Ansah                       |  |  |        |             |           |                     |        | Relationship Uncle    |                            |  |            |              |                |          |               |    |     |     |      |  |
| Company  |  |  |        |             |           |                     |        |                       | Phor                       | ne                                       | 2022366663 |              |                |          |               |    |     |     |      |  |
| Address  | Address 15803 Cotton Tail Ct Woodbridge, VA, 22191 |  |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |
|  |  |  |        |             |           |                     |        |                       |                            |  |            |              |                |          |               |    |     |     |      |  |



## **CARE 4 U HEALTHCARE SERVICE, LLC**

**Employment Application** 

| Previous Employment   |   |      |    |                  |  |  |  |  |  |
|---|---|------|----|------------------|--|--|--|--|--|
| Company House Calls Home Care   | Phone 5714392141  |      |    |                  |  |  |  |  |  |
| Address 6800 Backlick Road Suit 303, Springfield, VA  | Supervisor  |      |    |                  |  |  |  |  |  |
| Job Title Personal Care Assistant (PCA)   | Starting Salary   | \$   |    | Ending Salary    |  |  |  |  |  |
| Responsibilities Assisting patient with daily living acti   | re. Also, assisting with medication and medical appointments. |      |    |                  |  |  |  |  |  |
| From 11/2023 To 10/25 Reason for Leaving The patient died.  |   |      |    |                  |  |  |  |  |  |
| May we contact your previous supervisor for a reference?  | 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  |   |      |    |                  |  |  |  |  |  |
| rom To Reason for Leaving   |   |      |    |                  |  |  |  |  |  |
| May we contact your previous supervisor for a reference?  YES  NO   |   |      |    |                  |  |  |  |  |  |
|   |   |      |    |                  |  |  |  |  |  |
| MILITARY SERVICE  |   |      |    |                  |  |  |  |  |  |
| Branch  |   | From | То |                  |  |  |  |  |  |
| Rank at Discharge   | Type of Discharge   |      |    |                  |  |  |  |  |  |
| If other than honorable, explain  |   |      |    |                  |  |  |  |  |  |
|   |   |      |    |                  |  |  |  |  |  |
| DISCLAIMER AND SIGNATURE  |   |      |    |                  |  |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.  |   |      |    |                  |  |  |  |  |  |
| 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  |   |      |    |                  |  |  |  |  |  |