



# ALL AMERICAN HEALTHCARE SERVICES, INC.

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## Employee Data Sheet

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_--\_\_\_\_\_  
\_\_\_\_\_--\_\_\_\_\_

Phone Home (\_\_\_\_\_) --\_\_\_\_\_  
\_\_\_\_\_--\_\_\_\_\_

Work (\_\_\_\_\_) --\_\_\_\_\_  
\_\_\_\_\_--\_\_\_\_\_

Cell (\_\_\_\_\_) --\_\_\_\_\_  
\_\_\_\_\_--\_\_\_\_\_

Preferred Shift 7-3 \_\_\_\_\_ 3-11 \_\_\_\_\_ 11-7 \_\_\_\_\_

Days Mon- Fri \_\_\_\_\_ Sat-Sun \_\_\_\_\_

Work Preferred Area \_\_\_\_\_

RN \_\_\_\_\_ LPN \_\_\_\_\_ OT \_\_\_\_\_ PT \_\_\_\_\_ RT \_\_\_\_\_ CNA \_\_\_\_\_

Can you supervise? \_\_\_\_\_

Comments \_\_\_\_\_

