

# Application for Employment

PLEASE PRINT



HOME HEALTH CARE

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source  Advertisement  Employee  Internet  Employment Agency  Walk-In  Other \_\_\_\_\_ Name of Source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
STREET CITY STATE ZIP

How can we contact you ?  Home \_\_\_\_\_  Cellular \_\_\_\_\_  Message \_\_\_\_\_

What is the best time(s) to reach you? \_\_\_\_\_  E-mail Address \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? .....  Yes  No

If **no**, please explain \_\_\_\_\_

Have you submitted an application here before?  
If **yes**, give date(s) and positions(s) .....  Yes  No

Have you ever been employed here before? ..  Yes  No

If **yes**, give dates: from \_\_\_\_\_ to \_\_\_\_\_

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work ..... \_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\_\_\_\_\_ per \_\_\_\_\_

**Type of employment desired:**

- Full-Time  Part-Time
- Seasonal  Temporary

**Availability:**

- Days  Nights
- Evenings  Weekends
- Short Shifts  Long Shifts

Will you travel if your job requires it?.....  Yes  No

Driver's license number (if driving is an essential job function):  
\_\_\_\_\_ State \_\_\_\_\_

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of, a crime? .....  Yes  No

If **yes**, please provide date(s) and details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

# Employment History

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

**EMPLOYER** \_\_\_\_\_ Telephone \_\_\_\_\_ May we contact for reference?  Yes  No

Address \_\_\_\_\_  
STREET CITY STATE

Starting Job Title / Final Job Title \_\_\_\_\_

Immediate Supervisor & Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates employed: _____ to _____	
<b>Compensation (Starting)</b>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per _____
Commission/Bonus/Other Comp \$ _____	
<b>Compensation (Final)</b>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per _____
Commission/Bonus/Other Comp \$ _____	

**EMPLOYER** \_\_\_\_\_ Telephone \_\_\_\_\_ May we contact for reference?  Yes  No

Address \_\_\_\_\_  
STREET CITY STATE

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Dates employed: _____ to _____	
<b>Compensation (Starting)</b>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per _____
Commission/Bonus/Other Comp \$ _____	
<b>Compensation (Final)</b>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per _____
Commission/Bonus/Other Comp \$ _____	

**EMPLOYER** \_\_\_\_\_ Telephone \_\_\_\_\_ May we contact for reference?  Yes  No

Address \_\_\_\_\_  
STREET CITY STATE

Starting Job Title / Final Job Title \_\_\_\_\_

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Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates employed: _____ to _____	
<b>Compensation (Starting)</b>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per _____
Commission/Bonus/Other Comp \$ _____	
<b>Compensation (Final)</b>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per _____
Commission/Bonus/Other Comp \$ _____	

**COMMENTS** INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Educational Background

A: List last three (3) schools attended, starting with most recent. B: List number of years completed. C: Indicate degree or diploma earned, if any. D: Grade Point Average or Class Rank. E: Major field of study. F: Minor field of study (if applicable).

A. SCHOOL	B: NUMBER YEARS COMPLETED	C: DEGREE/ DIPLOMA	D: GPA / CLASS RANK	E: MAJOR	F: MINOR

# References

List name and telephone number of three business/work references who are NOT related to you. If not applicable, list three school or personal references who are NOT related to you.

NAME	TELEPHONE NUMBER (Include Area Code)	NUMBER OF YEARS KNOWN
	( )	
	( )	
	( )	

# Additional Information

List professional, trade, business or civic associations and any offices held. (EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD, OR ANY OTHER SIMILARLY PROTECTED STATUS.)

ORGANIZATION	OFFICES HELD

# Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Include license or certificate numbers.

## Skills and Qualifications

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**List special accomplishments, publications, awards, etc.** (EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD, OR ANY OTHER SIMILARLY PROTECTED STATUS.)

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List any additional information you would like us to consider.

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# Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its representatives, agents or employees for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for six (6) months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_