

Application

Date of Application: _____

Name: _____
Last First Middle Maiden

Social Security Number: _____ Date of Birth: _____

Current Address: _____
Street Address City State Zip Code

Home Number: _____ Cell/pager: _____

How did you hear about our company? _____

Date available to work: _____ Hours needed: _____

Shift preference: First Second Third Any

Days you are available Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What facilities do you most like working at?

Are you CPR certified? Yes No Expiration Date: _____

Are you First Aid certified? Yes No Expiration Date: _____

Drivers License Information:

State: _____ License #: _____ Expiration Date: _____

Have you ever been convicted of a crime or are any felony charges pending against you? Yes No

Are you legally able to work in the United States? Yes No

Have you ever had any Professional License or Certification placed under investigation, revoked, disciplined, or suspended? Yes No

Can you perform the required duties of the job in which you are applying for? Yes No

Do you have reliable transportation to work? Yes No

Do you understand that calling off for a shift because of childcare problems or car problems is unacceptable?
 Yes No

Do you understand that an inexcusable call-off will result in a lower hourly rate for any pay owed up to 8 hours? YES NO

Do you have hospital experience? Yes No

If yes, in what area/s? _____

Do you have Home Care experience? Yes No

Education History

Education	Name & Location of School	Diplomas, Degrees Received
High School		
College		
Other/Technical		

Person to notify in case of an emergency: _____

Address *City* *State* *Zip Code* *Phone Number*

Please List Three Personal References:

Name	Address	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Applicant's Signature

Date

Employment History

Dates Employed: From _____ To _____		Reason for Leaving: _____	
Facility/Company: _____		Phone: _____	
Street Address: _____		City: _____	State: ____ Zip Code: _____
Position Held: _____		Supervisor's Name and Title: _____	
Pay Rate(s): _____		Duties: _____	

Dates Employed: From _____ To _____		Reason for Leaving: _____	
Facility/Company: _____		Phone: _____	
Street Address: _____		City: _____	State: ____ Zip Code: _____
Position Held: _____		Supervisor's Name and Title: _____	
Pay Rate(s): _____		Duties: _____	

Dates Employed: From _____ To _____		Reason for Leaving: _____	
Facility/Company: _____		Phone: _____	

Street Address: _____ City: _____ State: ____ Zip Code: _____

Position Held: _____ Supervisor's Name and Title: _____

Pay Rate(s): _____ Duties: _____