

**Professional Home Health
APPLICATION FOR EMPLOYMENT**

It is this agency's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

Applicant Name: _____

Present Address
City/State/Zip: _____

Home Phone: _____

Mobile/Cell Phone: _____

Social Security Number: _____

Are you at least 18 years old? Yes No

Position Applying For: Full Time Part Time Per Visit Part Time Pool Shift: Day Night Evening W/E

Salary Requirements: _____ Date Available _____ If you are not a US Citizen, have you the legal right to remain permanently in the US? Yes No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours: Yes No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? Yes No If Yes, please give date, place and nature of each such conviction:

Are you presently charged with any violation of the law other than traffic violation? Yes No If Yes, please give date, place, and nature of each such conviction:

Educational History

<i>Type of School</i>	<i>Name & Location of School</i>	<i>Circle Last Year Attended</i>	<i>Graduated</i>	<i>Degree</i>
High School				
College				
College				
Other				

List professional licenses you possess. Indicate type of license, number, and state of issue:

List any memberships in professional organizations, honors, or activities which you feel would enhance your application, excluding those that would indicate age, race, color, religion, military status, gender preference, sex, marital status, national origin or disability.

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:

In case of an emergency notify (name/phone): _____ Relationship _____

Out of state contact, if possible (name/phone): _____ Relationship _____

Name: _____

Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name:	Complete Address include City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started: Date Left:	Type of Business: Salary: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Reason for Leaving:	OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments: _____ _____ _____			

Company Name:	Complete Address include City/State/Zip:	Phone Number:	Supervisor's Name:
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Describe your job title, responsibilities and accomplishments: _____ _____ _____			

Name: _____

PERSONAL REFERENCES (Name, Phone, Relationship):

1) _____

2) _____

3) _____

Other _____

Please review and sign:

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the agency or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the agency or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the agency, my employment will be for no definite term and that either I, or the agency, will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the agency.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform the following background checks per State Regulations: ✓ Criminal History Check ✓ Employment Misconduct Registry ✓ Nurse Aide Registry
- I understand that, per agency policy, Criminal History Checks will be performed on all applicants.

Release: *I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.*

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked	If Hired: <i>Position:</i> _____ <i>Start Date:</i> _____
		<i>Salary:</i> _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit