

APPLICATION

All prospective staffs will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

PERSONAL

Last Name **First** **Middle** **Date**

Street Address **Phone Number**

City, State, Zip Code **S.S. #**

Email Address

Emergency contact (person not living with you) _____

Have you ever applied for employment with this Agency? ____ Yes ____ No

How many hours a week are you available for work? _____

Are you legally eligible for employment in the United States? ____ Yes ____ No

How did you learn of our organization? _ Newspaper Ad __ Agency staff _____ Other

Are you willing to work: _____ Evenings? _____ Weekends?

Position applying for: _____ LPN _____ RN _____

Therapist (Specify) _____ Other _____

EDUCATION:

School Name	Location of School	Course of Study Degree/Study	Years of Diploma
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College:

_____	_____	_____	_____
_____	_____	_____	_____

Vo-Tech or Trade:

_____	_____	_____	_____
_____	_____	_____	_____

High School:

_____	_____	_____	_____
_____	_____	_____	_____

Other:

_____	_____	_____	_____
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Employment:

--List the last five years employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

_____ From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____

Job Title and Describe your work: _____ Reason for leaving: _____

2. Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

_____ From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____

Job Title and Describe your work: _____ Reason for leaving: _____

3. Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

_____ From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____

Job Title and Describe your work: _____ Reason for leaving: _____

APPLICATION

Was your last name different from your present name during the above listed jobs?
Yes _____ No _____

If yes, what was your name? _____

Are you currently employed? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. Name: _____ Telephone: _____

Fax: _____

Address: _____

2. Name: _____ Telephone: _____

Fax: _____

Address: _____

3. Name: _____ Telephone: _____

Fax: _____

Address: _____

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are you capable of performing the job set forth in the job description? Yes ___ No ___

If you answered No, which job requirement can you not meet? _____

APPLICATION

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

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 complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former staffs and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

DATE: _____ SIGNATURE _____

APPLICANT REFERENCE CHECK (1)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the staff.

To be filled out by applicant:

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: () _____

Fax: () _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ To: _____ Position Held: _____

Would you rehire this individual? Yes ___ No ___

Responsibilities: _____

Reason for Leaving: _____

Rate of Pay: (weekly/biweekly/salary): _____ + _____

Additional comments (training/skills) _____

Reference check performed by _____

APPLICANT REFERENCE CHECK (2)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the staff.

To be filled out by applicant:

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: () _____

Fax: () _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ To: _____ Position Held: _____

Would you rehire this individual? Yes ___ No ___

Responsibilities: _____

Reason for Leaving:

Rate of Pay: (weekly/biweekly/salary): _____ + _____

Additional comments (training/skills) _____

Reference check performed by _____

Emergency Contact Information

Name: _____

Current Address: _____

Home Phone: _____

Cell Phone: _____

Next of kin: _____

Phone: _____

Relationship: _____

Address: _____

*In case of emergency, please contact:

Name: _____

Phone: _____

Relationship: _____

Address: _____

*Please notify this Agency immediately if any of the emergency contact information changes.