

APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, sex, age, natural origin, or handicap. All information provided here in will be kept confidential.

PERSONAL

Last Name			First	Middle	Date
Street Address					Home Phone
City, State, Zip					Business Phone
Social Security Number					Date of Birth

Emergency Contact (person not living with you) _____ Phone _____

Have you ever applied for employment with the agency? _____ Yes _____ No

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

When will you be available for work? _____

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

How did you find this Agency? ___ Newspaper Ad ___ Agency Employee ___ Other

Are you willing to work ___ Evenings? ___ Weekends?

Position applying for _____ Provider ___ ___ ___ Home Health Aide

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EDUCATION:

School Name	Location	Course	Years Completed	Degree/Diploma
College:				
Vo-Tech/Trade:				
High School:				
Other:				

EMPLOYMENT:

DATES	COMPANY NAME/ADDRESS	TYPE OF BUSINESS	POSITION HELD	PHONE	REASON FOR LEAVING
FROM			POSITION	START PAV	
TO			SUPERVISOR	FINAL PAY	
DESCRIBE DUTIES/RESPONSIBILITIES:					
DATES	COMPANY NAME/ADDRESS	TYPE OF BUSINESS	POSITION HELO	PHONE	REASON FOR LEAVING
FROM			POSITION	START PAY	
TO			SUPERVISOR	FINAL PAY	
DESCRIBE DUTIES/RESPONSIBILITIES:					
DATES	COMPANY NAME/ADDRESS	TYPE OF BUSINESS	POSITION HELD	PHONE	REASON FOR LEAVING
FROM			POSITION	START PAY	
TO			SUPERVISOR	FINAL PAY	
DESCRIBE DUTIES/RESPONSIBILITIES:					

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Have you used another name in the past? ___ Yes ___ No

If yes, what name? _ _ _ _ _

Are you currently employed? ___ Yes ___ No

May we contact your previous employer? ___ Yes ___ No

Do you have reliable transportation? ___ Yes ___ No

PROFESSIONAL REFERENCES

NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	

GENERAL

Have you been convicted of a crime in the past 5 years, barring employment in a Home and Community support services Agency? ___ Yes ___ No

Conviction will not necessarily disqualify an applicant from employment. If yes, describe:

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

If you answered No, which job requirements can you not meet?

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CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATION/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

SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my acknowledge and understand that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I authorized 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 employees and others listed above from all liability for any damage that my result from furnishing 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 the 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 this time.

DATE_____

SIGNATURE_____