



APPLICATION FOR EMPLOYMENT

All prospective employees 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			Home Phone
City, State, Zip Code			Business Phone
S.S. #			Date of Birth

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 employee Other

Are you willing to work: Evenings? Weekends?

Position applying for: CNA/HHA LPN RN Therapist
(Specify)



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EDUCATION:

School Name	Location of School	Course of Study	Years of	Degree/ Study
Diploma College:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Vo-Tech or Trade:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
High School:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____



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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: _____
Address: _____

2. Name: _____ Telephone: _____
Address: _____

3. Name: _____ Telephone: _____
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? _____



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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 employees 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 employee.

To be filled out by applicant:

Applicant Name: _____

Date of Application: _____

Previous Employer: _____

Contact Person: _____

Address: _____

Phone: () _____

I hereby authorize the following information to be released. 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: _____

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 employee.

To be filled out by applicant:

Applicant Name: _____

Date of Application: _____

Previous Employer: _____

Contact Person: _____

Address: _____

Phone: () _____

I hereby authorize the following information to be released. 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: _____

Responsibilities: _____

Reason for Leaving: _____

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

Additional comments (training/skills) _____

Reference check performed by _____