

Application for Employment

Mailing Address: 649 South Ave, Front, Secane, PA 19018

Position Applying For: CNA ____ Home Health Aide ____

Integrity Home Health, LLC is an equal opportunity employer. We do not “discriminate” and our policy for the agency is to give equal opportunity to all applicants for hire regardless of race, color, national origin, religious creed, ancestry, age, disability, or sexual orientation. Applicants for hire will be treated with respect to all positions, conditions and privileges of services and employment including, placement and opportunities for advancement.

Name: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Social Security Number:** _____

E-Mail: _____

Driver's License No: _____ **Are you 18 years old?** _____

Born in U.S.? _____ **If not, can you provide credentials to work?** _____

Have you ever been convicted of a misdemeanor or a felony? ____ YES ____ No
Please explain if your answer is yes: _____

DATE YOU WILL BE AVAILABLE TO START WORK: _____

Person to contact in case of an emergency:

Name: _____ **Phone:** _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Relationship: _____ **Daytime Phone:** _____

Education	
High School Attended: _____	Graduated? (Y/N) _____
College Attended: _____	
Dates Attended: From: _____	To: _____
Graduated? (Y/N) _____	Degree: _____
Business/Trade School Attended: _____	
Dates Attended: From: _____	To: _____
Graduated? (Y/N) _____	Degree: _____
<p>Please list your , skills, qualifications or certifications you achieved that you feel would qualify you for employment with Integrity Home Health? _____</p> <p>_____</p> <p>_____</p>	

References pertaining to your work history only not personal or relatives:
(Please contact the individuals that we may be call for references.)

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Work History

Please use present job or most recent position.
Do not skip any dates, if unemployed, please indicate.

Position Held: _____ Salary: _____

Employer: _____ Phone: _____

Employer's Address: _____

Supervisor: _____ Supervisor's Position: _____

Dates From: _____ To: _____ May We Contact the company? _____
(MO./YR.) (MO./YR.)

Reason for separation: _____

Position Held: _____ Salary: _____

Employer: _____ Phone: _____

Employer's Address: _____

Supervisor: _____ Supervisor's Position: _____

Employed From: _____ To: _____ May we contact the company? _____
(MO./YR.) (MO./YR.)

Reason for separation: _____

Position Held: _____ Salary: _____

Employer: _____ Phone: _____

Employer's Address: _____

Supervisor: _____ Supervisor's Position: _____

Employed From: _____ To: _____ May we contact the company? _____
(MO./YR.) (MO./YR.)

Reason for Separation: _____

All information on my application is true and complete. Any false statements or deliberate omissions shall be considered sufficient cause for dismissal.

With my signature, I authorize Integrity Home Health to obtain criminal background check(s) as required of my potential position, and understand that employment is contingent upon satisfactory results from any and all background checks required.

Applicant's Signature: _____

Date: _____

Application for Employment

Position Applying For: _____	In-Home Services _____	Direct Care Worker _____
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Employee Name: _____

Please indicate all days and times you are available to work

- Monday: • 1st Shift • 2nd Shift • 3rd Shift •
- Tuesday: • 1st Shift • 2nd Shift • 3rd Shift •
- Wednesday: • 1st Shift • 2nd Shift • 3rd Shift •
- Thursday: • 1st Shift • 2nd Shift • 3rd Shift •
- Friday: • 1st Shift • 2nd Shift • 3rd Shift •
- Saturday: • 1st Shift • 2nd Shift • 3rd Shift •
- Sunday: • 1st Shift • 2nd Shift • 3rd Shift •

SIGNATURE:

DATE: