

ProHealth Home Care Employment Application

ProHealth is an equal opportunity employer and affords equal opportunity to all applicants for all positions regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____ SSN: _____

Primary Phone Number: _____

Email Address: _____

Are you a citizen of the U.S.? Yes No *If offered employment, documentation will be required to verify eligibility.*

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the offense(s), date(s), city, state, & disposition below. An affirmative answer will not necessarily result in disqualification for employment.

Employment

Type of Position Desired: Full Time Part Time

What days/shifts are you available to work? (circle all that apply)

Monday	Morning	Evening	Night
Tuesday	Morning	Evening	Night
Wednesday	Morning	Evening	Night
Thursday	Morning	Evening	Night
Friday	Morning	Evening	Night
Saturday	Morning	Evening	Night
Sunday	Morning	Evening	Night

Available Start Date: _____ Desired Hourly Pay: _____

Education/Licenses

Type	Name/City, State	Graduated (Y or N)	Degree or Diploma Earned	Major Field of Study
High School				
College				
Other				

Type of registration(s) held: _____ State(s) Registered In: _____

State Registration Number: _____

Has your license to practice in any jurisdiction ever been denied, terminated, limited, revoked, suspended, voluntarily or involuntarily surrendered, relinquished, or subjected to probationary terms, or is there a pending action or challenge to do so? Yes No

Employment History

Company: _____ City, State: _____ Phone #: _____

Supervisor: _____ Employment Dates: _____ May we contact? _____

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Supervisor: _____ Employment Dates: _____ May we contact? _____

References

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Applicant's Certification & Agreement

I hereby certify that the facts in employment application are true and complete to the best of my knowledge and authorize employer to verify accuracy and obtain reference information on my work performance. I hereby release employer from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules & regulations of employment of employer. However, I further understand that neither the policies, rules and regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment.

I understand that hours can change significantly and there is no guarantee of hours because hours are based on client needs.

If I receive a conditional offer of employment, I understand that I may be the subject of drug screening, criminal background study and/or physical screening and evaluation, and I hereby consent to such screening and record checks.

Signature of Applicant: _____ Date: _____