



ULTIMATE COMMUNITY HEALTH SERVICES, LLC (UCHS)

Employment Application

APPLICANT INFORMATION													
Last Name				First			M.I.		Date				
Street Address							Apartment/Unit #						
City				State			Zip						
Phone				E-mail Address									
Date Available			Last Four Digits of Social Security #				Desired Salary \$						
Position Applied for													
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>													
Have you ever been convicted of any crimes, including traffic violations?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain							
Have you ever been involved in a founded case of abuse or neglect of a child/adult?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain							
EDUCATION													
High School					Address								
From	To	Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree							
College					Address								
From	To	Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree							
Other					Address								
From	To	Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree							
CERTIFICATIONS				LICENSES				(only valid licenses)		State		License Number/Points	
FA/CPR	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Exp Date		Driver's License	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Medication Administration	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Exp Date			YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Therapeutic Options	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Exp Date			YES <input type="checkbox"/>	NO <input type="checkbox"/>						
REFERENCES													
List three professional references not related to you; at least 2 work-related. References should know your qualifications & character.													
Full Name								Company:					
Phone ()								Cell:		()			
Address ()								Email:					

Full Name	Company:		
Phone ()	Cell:	()	
Address	Email:		
Full Name	Company:		
Phone ()	Cell:	()	
Address	Email:		

PREVIOUS EMPLOYMENT

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities:

From

To

Reason for Leaving

May we contact this employer?

YES ☐

NO ☐

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities:

From

To

Reason for Leaving

May we contact this employer?

YES ☐

NO ☐

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities:

From

To

Reason for Leaving

May we contact this employer?

YES ☐

NO ☐

IF ADDITIONAL EMPLOYERS, PLEASE ATTACH RESUME

EMPLOYMENT PREFERENCE

Are you willing to work Full-Time?

YES ☐

NO ☐

Circle Days Available:

Mo

Tu

Wd

Th

Fr

Sa

Su

Are you willing to work Part-Time?

YES ☐

NO ☐

Circle Shifts Available:

Day

Evening

Midnight

If referred by a UCHS staff, give name :

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I give UCHS, LLC. permission to make a thorough investigation of past employment and authorize release from liability all persons, companies and organizations, schools, and municipalities supplying information regarding me whether or not it is a matter of record.

Signature

Date