

ROBIN'S WINGS IN HOMECARE EMPLOYMENT APPLICATION

PERSONAL DATA

LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER

ADDRESS CITY STATE ZIP CODE

HOME PHONE MESSAGE PHONE WORK PHONE CELL PHONE

LIST ALL PAST RESIDENCE FOR THE LAST 5 YEARS

ADDRESS CITY STATE ZIP CODE

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NAME(S) OF RELATIVES EMPLOYED BY AGENCY

RELATIONSHIP _____ POSITION _____

HOW WERE YOU REFERRED TO US?

IF YOU ARE NOT A US CITIZEN ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? YES _____ NO _____

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HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES OR NO (circle one) IF YES PLEASE EXPLAIN

EMPLOYMENT INTEREST

_____ FULL TIME _____ PART TIME _____ TEMPORARY _____ PERMANENT

POSITION APPLYING FOR CNA _____ RN _____

Admin _____

WOULD YOU CONSIDER WORKING ANY SHIFT? YES OR NO (circle one) FIRST _____ SECOND _____ THIRD _____

WEEKENDS AND HOLIDAYS? YES OR NO (circle one) ROTATING SHIFTS? YES OR NO (circle one) ON CALL? YES OR NO

EDUCATIONAL TRAINING

NAME AND ADDRESS OF INSTITUTION COURSE OF STUDY LAST YEAR COMPLETED/DEGREE

DID YOU GRADUATE? YES OR NO

HIGH SCHOOL _____

COLLEGE _____

TRADE OR TECHNICAL _____

OTHER _____

LIST HEALTHCARE, BUSINESS OR INDUSTRIAL EQUIPMENT YOU CAN OPERATE

LICENSE/CERTIFICATION

ARE YOU NOW LICENSED, REGISTERED OR CERTIFIED? YES OR NO (circle one) TYPE _____ DATE ISSUED _____

STATE ISSUED _____ IF NOT HAVE YOU APPLIED? YES OR NO (circle one) DATE APPLIED _____ STATE APPLIED _____

LICENSE OR REGISTRATION NUMBER _____

CURRENT RESTRICTIONS (IF ANY) _____

EMPLOYMENT HISTORY LIST ALL EMPLOYERS FOR THE PAST 3 YEARS (ATTACH ADDITIONAL SHEET IF NEEDED)

1.EMPLOYER NAME _____ PHONE# _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

NATURE OF DUTIES (PLEASE EXPLAIN FULLY)

2.EMPLOYER NAME _____ PHONE# _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NATURE OF DUTIES (PLEASE EXPLAIN FULLY)

DATE OF EMPLOYMENT FROM _____ / _____ TO _____ / _____ FULL TIME/PART TIME/SEASONAL _____

PAY RATE\$ _____ PER HR/MTH (MAY WE CONTACT EMPLOYER? YES OR NO)

REASON FOR LEAVING _____

REFERENCES (PLEASE LIST THE NAMES, ADDRESS, AND PHONE NUMBER OF THREE MANAGERS/SUPERVISORS/CO-WORKERS/OR FRIENDS: (NO RELATIVES)

1. _____ ADDRESS _____ PHONE# _____

2. _____ ADDRESS _____ PHONE# _____

3. _____ ADDRESS _____ PHONE# _____

CERTIFICATION AND ACKNOWLEDGEMENT (PLEASE READ CAREFULLY AND SIGN)

_____ I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED ON THIS DOCUMENT IS TRUE AND ACCURATE TO BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT I HAVE MADE HEREIN ABOUT ME OR FAILURE TO DISCLOSE INFORMATION MAY DISQUALIFY ME FROM EMPLOYMENT CONSIDERATION, OR IF EMPLOYED, MAY RESULT IN MY TERMINATION.

I AUTHORIZE THE AGENCY TO CONTACT MY PROVIDED REFERENCES AND I AUTHORIZE ALL REFERENCES WHO ARE CONTACTED TO RELEASE ANY INFORMATION ABOUT ME THAT THEY MAY HAVE. I ALSO AUTHORIZE THE AGENCY TO PERFORM A CRIMINAL BACKGROUND CHECK AND I RELEASE THE AGENCY STAFF OF ANY AND ALL LIABILITY THAT MAY RESULT FROM ANY INVESTIGATION OR REFERENCE CHECK.

APPLICANT SIGNATURE _____ DATE _____