



## Application for Employment

PERSONAL DATA - If you have lived at current address less than one year, list previous address.				Today's Date	
Name, Last		First		Middle	
Soc. Sec. #		Telephone #		Message #	
Street Address		City		County	State
Zip					
Previous Address: Street		City		County	State
Zip					
<b>EDUCATION</b>					
Date	School, Location		Degree/Diploma		Course of Study
Date	School, Location		Degree/Diploma		Course of Study
Date	School, Location		Degree/Diploma		Course of Study
<b>SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION</b>					
License/Certification Type		License/Certification No.		State	Expiration Date
License/Certification Type		License/Certification No.		State	Expiration Date
CPR Expiration Date		Last Physical Exam Date		Lab TB/Chest X-Ray Date	
<b>GENERAL INFORMATION</b>					
<p>Are you legally authorized to work in the USA <input type="checkbox"/> Yes <input type="checkbox"/> No          (If you became an employee of Open Door Health Care Agency, you will be required to provide documentation proving your eligibility to work in the USA)</p> <p>Have you ever been convicted of a felony or misdemeanor crime? <input type="checkbox"/> Yes <input type="checkbox"/> No          (This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.)          A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. <i>If yes, state the basis for each conviction and the date of the conviction:</i></p> <p>_____</p> <p>Are you able to perform the tasks per the job description without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If an accommodation is needed, how would perform the task and with what accommodation? _____</p> <p>How did you hear about Open Door Health Care Agency? <input type="checkbox"/> Newspaper <input type="checkbox"/> Trade Publication <input type="checkbox"/> Job Fair/Open House <input type="checkbox"/> Employment Agency  <input type="checkbox"/> Open Door Health Care Agency employee (name) _____ <input type="checkbox"/> Work location _____</p> <p>In case of emergency, notify:          _____ Telephone# _____ Relationship _____</p> <p>Address _____</p>					

• Consideration for religious accommodations will be made as appropriate.