

GOOD HANDS HOME CARE & ADULT SVC

Application for Employment

Equal Opportunity Employer

Employees of Good Hands Home Care shall be afforded equal opportunity in all aspects of employment without regard to race, color, political affiliation, national origin, disability, marital status, gender or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the office to which you are applying.

Position applied for: _____ D.O.B. _____ Date _____

Full legal name: _____ Social Security # _____

Address: _____ Phone: _____

City _____ State _____ Zip _____

Email: _____

Other names used: _____

Previous Address: Please list the City and States in which you have lived in the past five years:

From ___/___/___ to ___/___/___ _____

From ___/___/___ to ___/___/___ _____

General Information:

Referral Source: _____

Advertisement Employment Agency Friend Relative Other

Date Available for work: _____ PRN: _____ Full time: _____ Part time: _____

Temporary _____

Days Available for work: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Sat ___ Sun

Shift Available to work: ___ Days ___ Evening ___ overnight

Are you legally eligible for employment in the United States? _____ Yes _____ No
(Proof of citizenship or immigration status will be required upon employment)

Are you 18 year of age or older: _____ Yes _____ No

Have you ever been convicted of a felony in the last five years? _____ Yes _____ No

(If yes, please explain)

GOOD HANDS HOME CARE & ADULT DAY

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Have you ever been the subject of a substantial allegation of abuse? Yes No

Do you have a valid driver's license? Yes No If yes, please provide the information below:

State of Issue: _____ License # _____ Exp Date: _____

Education:

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma? Yes No

Name and Address of Institution	Degree Received	Major	Dates Attended

Please list other applicable Certificates, Certifications or Trainings: _____

Employment History:

Start with the most recent or present job. We will contact your last place of employment. Please be complete.

1. Job Title: _____ Duties: _____

Employer: _____

Address: _____

City ST Zip _____

Phone _____ Fax Number _____

Supervisor: _____ Title: _____

Start Date: _____
Month/Day/Year

End Date: _____
Month/Day/Year

Reason for leaving: _____

Employment History (continued)

2. Job Title: _____

Duties: _____

Employer: _____

Address: _____

City ST Zip

Phone

Fax Number

Supervisor: _____

Title: _____

Start Date: _____
Month/Day/Year

End Date: _____
Month/Day/Year

Reason for leaving: _____

We may contact the employers listed above **UNLESS** you indicate those you do not wish us to contact. Please list those employer names and the reasons below:

Personal Reference: (May not be a relative. Please provide references who can attest to your character, reputation and personal qualifications)

1. Name: _____

Phone# _____

Address: _____

Relationship: _____

Number of years known: _____

City St Zip

2. Name: _____

Phone# _____

Address: _____

Relationship: _____

Number of years known: _____

City St Zip

3. Name: _____

Phone# _____

Address: _____

Relationship: _____

Number of years known: _____

City St Zip

Applicant Statement:

I hereby certify that all entries on this application and any additional attachments are true and complete, and I agree and understand that any falsification of information regardless of time of discovery is grounds for immediate dismissal of any employment in the service of Good Hands Home Care, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Good Hands Home Care, Inc. to rely upon and use; as it sees fit, any information received from such contacts.

Applicant's Signature: _____

Date: _____