



ABOVE Home Health

360-350-0123

APPLICATION FOR EMPLOYMENT

When completed, email back to HR@abovehh.com or fax 1888-470-3277 www.abovehh.com
t: (360) 350-0123

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential. Please, bring a fresh copy of your Resume with this application.

Position applying for: _____

PERSONAL:

Last Name:	First	Middle
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Date: _____

Address:	Street and number	City	State	Zip
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Cell Phone: _____

Date of Birth: _____

Email: _____

Legally eligible to work in the United States? Yes No *Are you fully vaccinated for COVID -19 Yes No

If offered a position, when available to start? _____

EDUCATION - CERTIFICATES - CREDENTIALS - HONORS - PROMOTIONS:

High School: _____ Location: _____ Course of Study: _____

College: _____ Location: _____ Course of Study: _____ Degree: _____

My Strents:

I am proud of: _____

I speak other languages: _____

Certifications **you have:** CPR Food Handler MA LPN RN PT SW NP

Willing to obtain one:

Not Applicable:

Comfortable with tablet/smart phone: Zero level Need to learn Use sometimes Use All The time

EMPLOYMENT:

List you employment history, starting with the most recent employer.

1. Now / Your Last Employer Company:	From:	To:	Phone:		
Address:	Street and number	City	State	Zip	Web:
Starting Pay: _____					
Pay at Exit: _____					

Job Title:	Duties:
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Reason for leaving:

2. Company:		From:	To:	Phone: _____
Address:		Street and number	City	State
		Zip	Web: _____	
Job Title:		Duties:		
Starting Pay: _____				
Pay at Exit: _____				
Reason for leaving:				

Was your last name different from your present name during the above listed jobs?

Yes _____ No _____ If yes, what was your name? _____

Have you ever received job-related training in US Military? Yes _____ No _____ \$ What is your expected wage : _____

In order to secure PPE that fits you:

Your Glove Size _____ Scrubs Top Size: _____ Scrubs Pant Size: _____ Shoe Size: _____

GENERAL:

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Health/ Care and community support Agency? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment If yes, describe on a separate page in full:

Are you capable of performing the job set forth in the job description? Yes _____ No _____

If you answered No, which job requirement can you not meet? _____

I, _____ certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

NAME: _____

DATE: _____ **SIGNATURE:** _____