



ABOVE Home Health

APPLICATION FOR EMPLOYMENT

When completed, email back to care@abovehh.com or fax 1888-470-3277

Can be reprinted at www.abovehh.com

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

Date: _____

Home Phone: _____

Address:	Street and number	City	State	Zip

Cell Phone: _____

Date of Birth: _____

Email: _____

Have you ever applied for employment with this Agency? Yes____ No____

Are you legally eligible for employment in the United States? Yes____ No____

How did you learn about our organization? Newspaper Ad:_____ Employee: _____ Web:_____

Community event:_____ Other:_____

How many hours a week are you available to work? _____ Full/Time____ Part/Time____

Will you be interested to receive Health Insurance Benefits?:_____ Dental:_____ Vision:_____

Are you willing to work: Evenings?_____ Overnight?_____ Weekends?_____

Your Ideal Hours and Days of work: _____

If offered a position will be available to start on-_____

EDUCATION:

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

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

Allergies: _____

Credentials/Certificates/ Honors:

My Strenths: _____

List all licensures, certificates, diplomas, etc. received, stated received in, and expiration dates.

I can speak other languages: Sign Language _____ Spanish _____ Italian _____ German _____ Other: _____

Circle certifications **you have:** First Aid&CPR _____ FoodHandlerCard _____ HomeCareAid _____ CertifiedNursingAssistant _____ NurseDelegate _____

Check if willing to obtain one:

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

Favourite Apps: _____

What makes YOU Happy in life? _____

How do you Calm yourself down/Deal with stress? _____

EMPLOYMENT:

List the last five years of employment history, starting with the most recent employer.

Are you presently Employed? Yes___ No___ May We contact your present Employer: Yes___ No___

1. Now / last Employer Company:	From:	To:	Phone:	_____
Address:	Street and number	City	State	Zip
Job Title:	Duties:			
Reason for leaving:				

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

3. Company:	From:	To:	Phone:	_____
Address:	Street and number	City	State	Zip
Job Title:	Duties:			
Reason for leaving:				

4. Company:	From:	To:	Phone:	_____
Address:	Street and number	City	State	Zip
Job Title:	Duties:			
Reason for leaving:				

!!! \$ What is your expected wage here at the company before we consider your raise in 90 days? _____

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

Yes___ No___ If yes, what was your name? _____

Do you have reliable transportation? Yes _____ No _____

Have you ever received job-related training in US Military?: Yes___ No___

What would your previous employer say about your Punctual: Punctual: Al the Time* Often* Not very Much* _____

Your Loyalty: _____

Your Skills: _____

Ability To Learn: _____

Rapport with Patients/Clients: _____

PROFESSIONAL REFERENCES:

Persons who can furnish information about job performance

1. Name:	Title:	Know Since (yr):
		Phone:
Company:	Email:	Fax:

2. Name:	Title:	Know Since (yr):
		Phone:
Company:	Email:	Fax:

3. Name:	Title:	Know Since (yr):
		Phone:
Company:	Email:	Fax:

EMERGENCY CONTACT:

In Case of emergency, please notify:

#1 Name:	Relation:	Phone:
Address:		
#2 Name:	Relation:	Phone:
Address:		

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 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 my 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.

DATE:

SIGNATURE: