



ABOVE Home Health

APPLICATION FOR EMPLOYMENT

When completed, email back abovehh18@gmail.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? _____ Are you willing to work:
Evenings? _____ Weekends? _____

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

EDUCATION:

School Name / College:	Location:	Course of Study:	Degree:

Vo-Tech or Trade:	Location:	Course of Study:	Degree:

High School:	Location:	Course of Study:	Degree:

Other:	Location:	Course of Study:	Degree:

My Strenths: _____

Credentials/Certificates:

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	Food Handler Card WA	Home Care Aid	Certified Nursing Assistant	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check if willing to obtain one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	_____				

EMPLOYMENT:

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

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

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

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

4. Company:	From:	To:		Phone: _____
				Web: _____
Address:	Street and number	City	State	Zip
				Starting Pay: _____
				Pay at Exit: _____
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 _____

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:

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

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 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.

DATE: _____

SIGNATURE: _____