



HEALING HANDS COMPANIONS LLC
NON MEDICAL HOME CARE

EMPLOYMENT APPLICATION

DATE: _____

Healing Hands Companions LLC). (HHC) complies with all applicable laws concerning hiring and employment practices and is firmly committed to maintaining a workplace free from unlawful discrimination & Drugs and Alcohol. We strive to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or military status in accordance with applicable federal and state laws.

PLEASE PRINT LEGIBLY IN INK - In addition to completing this application, please submit your resume

_____.

PERSONAL INFORMATION

Please write your name below as it appears on your social security card:

Mr./Mrs. _____

D.O.B _____

Social Security Number: _____

Present Address (City/Town State Zip Code): _____

Permanent Address (If Different): _____

Home Telephone Number: _____ Work Telephone Number: _____

Cell Phone Number: () _____ E-mail Address: _____

Positions for Which You are Applying: _____

Availability: () Full Time () Part Time () Evenings () Mornings

() Weekends () Other (Explain) _____

Work Location Preference(s): _____

Are you currently authorized to work in the United States:() yes() no

Are you over 18 years of age? () yes () no

Have you ever been employed by _____ (HHC)?() yes () no If you have been previously employed by _____ (HHC), please specify the following:

From _____ to _____ Department _____ Position _____

Location _____ Supervisor _____

Names of any relatives employed by _____ (HHC):

Name: _____ Department _____ Relationship _____

Name: _____ Department _____ Relationship _____

How did you hear about employment opportunities with _____ (HHC)?

() Employment Agency() Job Fair() _____ (HHC) Website () Advertisement

() Employee Referral() Direct Recruitment() Other _____

PRIOR WORK, MILITARY AND VOLUNTEER EXPERIENCE

In order that we may verify prior experience, have you used another name in your previous jobs?

() No() Yes, give name and specify organization(s) _____

List most recent experience first. Please include volunteer experience.

1. Name of Organization _____

Street Address, City, State, Zip Code _____

Title or Position _____ Name of Supervisor _____

Duties _____ Annual Salary or Hourly Rate _____

Dates Employed, From _____ until _____. Reason for Leaving _____

_____ Can we contact Organization for reference? () Yes () No

2. Name of Organization _____

Street Address, City, State, Zip Code _____

Title or Position _____ Name of Supervisor _____

Duties _____ Annual Salary or Hourly Rate _____

Dates Employed, From _____ until _____. Reason for Leaving _____

_____ Can we contact Organization for reference? () Yes () No

3. Name of Organization _____

Street Address, City, State, Zip Code _____

Title or Position _____ Name of Supervisor _____

Duties _____ Annual Salary or Hourly Rate _____

Dates Employed, From _____ until _____ Reason for Leaving _____

_____ Can we contact Organization for reference? () Yes () No

REFERENCES

In addition to current and former employers, please list two additional professional references below that we may contact:

Name _____ Relationship _____ How long know,? _____

Company _____ Title _____ Daytime Phone No. _____

Evening Phone No. _____ E-mail _____

Address (Street Address, City, State, Zip Code) _____

Name _____ Relationship _____ How long know,? _____

Company _____ Title _____ Daytime Phone No. _____

Evening Phone No. _____ E-mail _____

Address (Street Address, City, State, Zip Code) _____

EDUCATION

Name of High School _____ Graduate () Yes () No

Address (Street Address, City, State, Zip Code) _____

Name of College _____ Graduate () Yes () No

Address (Street Address, City, State, Zip Code) _____

Type of Degree _____ Year _____ Major _____ Minor _____

Other -- Name of School _____ Graduated () Yes () No

Address (Street Address, City, State, Zip Code) _____

Type of Degree or Certificate _____ Year _____ Major _____

PROFESSIONAL LICENSES, REGISTRATIONS, AND CERTIFICATES

Type of LicenseReg. No.Expiration DateState
or Certificate

CRIMINAL RECORD

Please complete this section on prior convictions. An applicant for employment with a sealed record on file with a court (such as a juvenile record) may answer “no record” with respect to an inquiry relative to prior arrests, criminal court appearances or convictions. A criminal arrest or conviction will not necessarily be a bar to employment.

1. Have you been convicted of a misdemeanor (excluding a first conviction for speeding or minor traffic violations) within the last five years? () Yes () No

2. Have you ever been convicted of a felony? () Yes () No

If you have answered yes to either of the above questions, please provide an explanation below.

PLEASE READ BEFORE SIGNING

I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsification, misrepresentation or material omission of information submitted on this application will constitute grounds for denial or immediate dismissal from employment.

I authorize all persons, schools, employers and other organizations mentioned in this application to provide (HHC) with any and all information requested by _____, related to my qualifications for employment. I hereby voluntarily release (HHC) and any other persons or entities from any and all liability related to the provision of such information.

I further understand that any job offer will be contingent upon satisfactory replies to background and reference checks and that information about the content and scope of such checks will not be furnished to me or any said parties.

I further understand that employment with _____ (HHC) may be conditioned upon the results of a Drug screening Test, skills testing and my ability to provide satisfactory documentation.

I understand that nothing in this application for employment is intended or should be construed as an offer, agreement or contract of employment.

I further understand that employment at (HHC) is at-will, which means that both the employer and the employee are free to terminate the employment relationship at any time, with or without notice or cause.

Signature: _____

Date: _____

***Be sure to email this completed application sign and dated to: info@healinghandscompanions.com**