



# Your Choice Home Health Care

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Employment** Are you under 18 years of age \_\_\_ Yes \_\_\_ No Are you 21 years of age or older \_\_\_ Yes \_\_\_ NO

List other names used while in school, military or for employment \_\_\_\_\_  
 If hired, can you provide evidence that you are authorized to work in the U.S.? \_\_\_ Yes \_\_\_ No

**Criminal Background** Have you been convicted of a crime? \_\_\_ Yes \_\_\_ No (A yes answer will not automatically bar you from employment. All relative circumstances and facts will be considered in relation to the position for which you are applying) If yes, please list date (s) and convictions(s)

If yes, explain: \_\_\_\_\_

### Education

Include Junior/Community Colleges, Graduate, Trade or Business Schools

Type	Name/Location	Course of Study	Number of Years Completed/Degree
High School			
College			
Other			

### Employment Record

List 10 year history beginning with the most recent position first. Lis all periods of unemployment lasting longer than 30 days. Use supplemental sheet if necessary.

Company Name, Address and Telephone	Positions	Start Date/End Date	Rate of Pay	Reason for Leaving

*I understand that, should an offer of employment be extended by Your Choice Home Health Care, LLC that such employment is at Will. Employment may be terminated at any time by Your Choice Home Health Care, LLC or myself with or without cause or notice. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment*

*I understand Your Choice Home Health Care, LLC may thoroughly investigate my work history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals and firms named herein to provide any information requested about me, and I release from them from all liability for damage in providing this information.*

*I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Your Choice Home Health Care, LLC is an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, sexual orientation, gender identity and expression, age, disability, veteran status or any other status protected by law.*