



**Job Application for New Era Home Healthcare (NEH)**

Your Full Name (first, Middle, Last)		Date	
Street Address	City	State	Zip
Home Phone	Cell Phone	SS# or Tax I. D	Do you Smoke?
Date of birth:	Ethnicity:	How did you hear about NEH?	

Position Applied For \_\_\_\_\_ Full Time\_ Part time\_ Desired salary \_\_\_\_\_

Tell us what days you can work. Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Have you ever worked for NEH, Yes ( ) No ( )

Are you a US citizen approved to work in the United States? ( ) No ( )

Professional Licensed/ Number \_\_\_\_\_ / \_\_\_\_\_

**Jobs Skills/ Qualification**

Please list the job skills and qualification you possess for the job for which you are applying:

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**Education and Training**

High school \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Did you graduate? Yes ( ) No ( ) Diploma \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Did you graduate? Yes ( ) No ( ) Diploma \_\_\_\_\_

Vocational school/ Specialized Training \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Did you graduate? Yes ( ) No ( ) Diploma \_\_\_\_\_

**Military:**

Are you a member of the armed services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skill did you possess that will be an asset to NEH/ Position you are applying for?

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**Previous employer**

Employer Name:
Job Title:
Supervisor Name:
Employer address:
City, State, Zip Code:
Employer telephone number:
Date Employed:
Reason for leaving:

Employer Name:
Job Title:
Supervisor Name:
Employer address:
City, State, Zip Code:
Employer telephone number:
Date Employed:

Reason for leaving:
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Employer Name:
Job Title:
Supervisor Name:
Employer address:
City, State, Zip Code:
Employer telephone number:
Date Employed:
Reason for leaving:

**Alternate Contact:**

Name	Phone
Address	Relationship

**At- Will- Employment**

The relationship between you and NEH is referred to as “employment at will”. That means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or NEH. No representative of NEH has authority to enter into any agreement contrary to the forgoing “at-will-employment” relationship. You understand that your employment is “at will”, and that you acknowledge that no oral or written statement or representations regarding your employment can alter your at will employment status, except for a written statement signed by you and either our executive vice-president/ chief operation’s officer or the company’s president

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_