



## APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural or handicap. All information provided herein will be kept confidential.

**PERSONAL:**

--	--	--

**Last Name / First Name**

**Middle:**

**DOB:**

--

**Street Address**

--

**Home Phone**

--

**City, State, Zip Code**

--

**Bussiness Phone**

--

**Social Security#**

**Emergency contact (Person not living with you)**

--

**Have you ever Applied for employment with this Agency?**

**Yes**

**No**

**How many hours a week are you available for work?**

--

**Are you legally eligible for employment in the United States?**

**Yes**

**No**



**How did you learn of our organization?**

Newspaper Ad?

Agency employee?

Other?

**Are you willing to work:**

Evenings?

Weekends?

Position applying for: LPN  RN

Therapist (Specify):  Other:

**EDUCATION:**

School Name	Location of School	Course of Study Degree/Study	Years of Diploma
-------------	--------------------	---------------------------------	------------------

**College:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Vo – Tech or Trade:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**High School:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**Other:**


**EMPLOYMENT:**

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

1) Company Name:

Telephone:  Dates of Employment: From:  To:

Address:

City:  State:  Zip Code:

Job Title and Describe your work:

Reason for leaving:

Starting Pay:



2) Company Name:

Telephone:  Dates of Employment: From:  To:

Address:

City:  State:  Zip Code:

Job Title and Describe your work:

Reason for leaving:

Starting Pay:

3) Company Name:

Telephone:  Dates of Employment: From:  To:

Address:

City:  State:  Zip Code:



Job Title and Describe your work:

Reason for leaving:

Starting Pay:

**APPLICATION FOR EMPLOYMENT:**

Was your last name diferente from your present name during the above listed Jobs?      Yes                       No

If yes, what was your name?

Are you currently employed?    Yes                       No

Do you have reliable Transportation?    Yes                       No

**PROFESSIONAL REFERENCES:**

Persons who can furnish information about job performance.

1) Name:       Tel.:       Fax:

Address:



2) Name:  Tel.:  Fax:

Address:

3) Name:  Tel.:  Fax:

Address:

**GENERAL:**

Have you ever been convicted of a crime in past 5 years, barring employment in a Home 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?



## APPLICATION FOR EMPLOYMENT

### CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED.

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or Other experience.

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 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 beyonds this time period shall inquire as to whether or not applications are being accepted at that time.

I applicant hereby authorize firm to request and receive from all prior employees within one year of the date of this application, any and all pertinente information concerning my prior employment and its termination, including the reason for such termination.

Date:

Signature: