



Application for Employment

Applicants will receive consideration for all positions without regard to race, color, sex, religion, national origin, age, disability, or any other legally protected status. Qualified applicants will be given equal opportunity and selection decision will be based on job-related factors.

Name _____ Date _____
Last First Middle

Address _____
Street City State/Province ZIP/Postal Code

Telephone # _____ Cell Phone # _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State Issued by: _____

E-Mail address _____ Referred to us by _____

Position(s) applied for: PCA CNA RN Other: _____

Are you 18 years of age or older? Yes No

If currently employed, may we contact your employer? Yes No

Rate of Pay Expected \$ _____ per hour

Are you legally eligible for employment in the USA? Yes No

Have you been employed at this company before? Yes No

If yes, when? _____ and at what location? _____

Have you ever been discharged or asked to resign from a position? Yes No

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain below. A conviction will NOT necessarily be a disqualification for employment.

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(S)/DIPLOMA(S) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What Nursing or relevant designations, licenses or registrations if any, do you possess?

Type	Date of Most Recent Registration
_____	_____
_____	_____

Do you have the following: CPR No Yes Last Certified _____
 First Aid No Yes Last Certified _____

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer. (Attach a separate sheet if needed)

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER

I certify that all the information I have provided is true, complete and correct.

The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I will be required to provide a criminal background check, proof of identity and legal authority to work in the United States, proof of certifications or educational qualifications, and a drivers abstract (if applicable).

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

Applicant's Signature _____ **Date** _____

For office use only:

References checked by: _____ Date: _____

Previous employment verified by: _____ Date: _____

Hire Date: _____



Background Check Authorization

Applicant: Complete the following information in print using blue or black ink.

Last Name

First Name

MI

Other/Previous names used in the past five years

Social Security Number*

Date of Birth*

**This information (SSN and birthdate) will be used for background and screening purposes only and will not be used in making any employment decisions.*

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Hendlee Home Care, LLC and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I am authorizing that a facsimile ("fax"), photocopy or electronic copy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me. I acknowledge receipt of the FCRA summary of my rights were made available and are located at <http://www.consumerfinance.gov/learnmore>.

Signature

Date