

## Application for Employment

PERSONAL DATA									
Date Application Completed			OFFICE USE ONLY				OFFICE USE ONLY		
			Date of Interview				Date of Hire		
Last			First				Middle		
Social Security Number		Cell Phone ( ) ( )		Home Number ( ) ( )			E-mail Address:		
Address ( <i>If less than one year provide your previous address</i> )				City	State	Zip Code		Length of Resident	
Previous Address				City	State	Zip Code		Length of Resident	
JOB INTERESTS									
Position Applying For:			How were you referred to us?			Date Available for Work?		Anticipated Wage	
Please check the specialty area(s) that best match (as) your experience / education and interested									
<input type="checkbox"/> Home Healath		<input type="checkbox"/> Case Management		<input type="checkbox"/> IV Therapy		<input type="checkbox"/> Trach Care		<input type="checkbox"/> Private Duty	
<input type="checkbox"/> Hospice		<input type="checkbox"/> Rehabilitation		<input type="checkbox"/> Wound Care		<input type="checkbox"/> Home Aide		<input type="checkbox"/> Residential Care	
<input type="checkbox"/> Nursing Home		<input type="checkbox"/> Hospital		<input type="checkbox"/> Geriatric		<input type="checkbox"/> Psychiatric		<input type="checkbox"/> Others: .....	
Please indicate your availability or interests below									
<b>Work Status</b>				<b>Shifts Available</b>			<b>Days Available</b>		
<input type="checkbox"/> Full Time (32 hours per week average)				<input type="checkbox"/> 7am – 3 pm <input type="checkbox"/> 1pm – 7 am			<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday		
<input type="checkbox"/> Part Time (less than 32 hours per week average)				<input type="checkbox"/> 3pm – 11pm <input type="checkbox"/> Visits Only			<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
EDUCATION									
Circle the Highest level of education completed			1 2 3 4 5 6 7 8 9 10 11 12			High School Diploma		Associate	
						Bachelors		Masters	
Name of College or Undergraduate Education / School					Degree			Year Graduated	
Name of College or Undergraduate Education / School					Degree			Year Graduated	
LICENSE / CERTIFICATIONS / EXAMINATIONS									
Type of License		State of Issue		Expiration Date		License Number		Any restrictions or pending actions against license?	
CPR Expiration				Last Physical Examination			Last TB / Chest X-ray		
GENERAL INFORMATION									
Are you legally authorized to work in the USA			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you become an employee of this Agency you will be required to provide documentation proving your eligibility to work in the USA				
Have you ever been convicted of a felony or misdemeanor crime?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.				
If yes, state the basis for each conviction and the date of the conviction:									
What languages do you speak fluently?									
In case of emergency, notify				Phone			Relationship		
Personal References									
Please furnish three references with complete address. Do not list former employers or relatives. The individuals you list should have known you for at least one year									
Name	Address (City, State, Zip Code)			Phone Number		Business		Years Known	
1.									
2.									
3.									

<b>Employment HISTORY</b>					
Company Name (present or most recent employer)			Employment Dates		
			From:		To:
Company Address	City	State	Salary		
			Per Hour	Annual	
Describe your Job Responsibilities and Duties					
Supervisor's Name		Telephone Number		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving?					
Company Name			Employment Dates		
			From:		To:
Company Address	City	State	Salary		
			Per Hour	Annual	
Describe your Job Responsibilities and Duties					
Supervisor's Name		Telephone Number		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving?					
Company Name			Employment Dates		
			From:		To:
Company Address	City	State	Salary		
			Per Hour	Annual	
Describe your Job Responsibilities and Duties					
Supervisor's Name		Telephone Number		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving?					
<b>ADDITIONAL SKILLS AND QALIFICATIONS</b>					
Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language competency, additional work experience, volunteer work, activities, accomplishments, publications, patents, thesis, etc.					
In accordance with Title VI of the Civil Rights Act of 1964 and it's implementing regulation, Care Home Health Agency, LLC is an EQUAL OPPORTUNITY EMPLOYER and WILL NOTDISCRIMINATE AGAINST RACE, COLOR, SEX, CREED, NATIONAL ORIGIN OR COMMUNICABLE DISEASE AS DEFINED IN SECTION 504 OF TITLE VI. In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulation Care Home Health Agency, LLC. WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF HANDICAP. In accordance with the Age Discrimination Act of 1975 and it's implementing regulation, Care Home Health Agency, LLC. WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF AGE in the provision of services, unless age is a factor necessary to the normal operation or the achievement of any statutory objective. In accordance with the Americans with Disabilities Act of 1992 (42 USC §12101) and its implementing regulations, (private employers with more than 25 agency personnel), Care Home Health Agency, LLC. WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF DISABILITY. A disability is a physical or mental impairment that substantially limits a major life activity, or for which there is a record of impairment or which causes the individual to be regarded as impaired.					
The information that I have given is true and accurate to the best of my knowledge					
Signature of Applicant			Date		