

**APPLICATION FOR EMPLOYMENT**  
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS



PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Street City State Zip

How Long \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_

Days/hours available to work

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_

When available for work? \_\_\_\_\_

Type of School	Name of School	Location	# of Years	Major/Degree
High School				
Business School				
College				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DO YOU HAVE A DRIVER'S LICENSE?      Yes\_\_\_      No\_\_\_      Please provide a copy

What is your means of transportation to work? \_\_\_\_\_

Driver's license

Number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Do you have insurance?      Yes\_\_\_      No\_\_\_      Please provide a copy

Have you had any accidents during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

**Special Skills and Qualifications**

\* Summarize special job-related skills and qualifications acquired from employment or other experience.

\*\*Is there a particular service that might be necessary for a client that you do not feel comfortable performing?

Check if experienced with:

R.O.M. \_\_\_ Colostomy Bag \_\_\_ Transfer Board \_\_\_ Catheter \_\_\_ Hoyer Lift \_\_\_

Bed Bath \_\_\_ Transfers/Ambulation \_\_\_ Pivot Transfer \_\_\_ Gait Belt \_\_\_

Incontinent Care \_\_\_ Meal Preparation \_\_\_ Hospice Training \_\_\_ Alzheimer Training \_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

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Work  
Experience

Please list your work experience for the past five years beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address City, State, Zip Code		From	Start
		To	Final
Phone number	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address City, State, Zip Code		From	Start
		To	Final
Phone number	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?                      Yes\_\_\_      No\_\_\_

Did you complete this application yourself                      Yes\_\_\_      No\_\_\_

If not, who did? \_\_\_\_\_

PLEASE READ CAREFULLY

**Application Form Waiver**

In exchange for the consideration of my job application by \_\_\_\_\_ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of \_\_\_\_\_, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and \_\_\_\_\_ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reductions in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

TO BE COMPLETED BY EMPLOYER

Date of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Full time \_\_\_ Part time \_\_\_ Salaried \_\_\_

Applicant's Signature acknowledging above information \_\_\_\_\_

Drug Test Confirmation Number \_\_\_\_\_

Name of Person Verifying Information \_\_\_\_\_

Name of Person Authorizing Employment \_\_\_\_\_