

PLEASE BLACK OR BLUE INK ONLY (PLEASE WRITE CLEAR)

Employment Application

Last	First	Middle	Today's Date
Address - Street		CONTACT NUMBER:	
City	State	Zip	
Position Desired	DO YOU HAVE A VALID STNA LICENSE OR SUCCESSFULLY COMPLETED 75HRS OF HOME HEALTH AIDE TRAINING? YES OR NO IF NO, DO YOU HAVE AT LEAST 1YR OF VERIFIABLE HOME HEALTH EXPERIENCE? YES OR NO		
DO YOU HAVE A VALID CPR/FIRST AIDE CERTIFICATE? YES OR NO			
CURRENT/PREVIOUS EMPLOYER (COMPANY NAME & CONTACT NUMBER)		Reason for Desiring Change	
VALID EMAIL ADDRESS: (PLEASE WRITE CLEAR)		HAVE YOU VISITED OUR WEBSITE: YES OR NO IF NO PLEASE VIST US AT WWW.CAREFORYOUHHA.COM	
What Prompted You to Apply Here for Employment?		HAVE YOU EVER WORKED WITH CARE FOR YOU HHA BEFORE? YES OR NO IF YES WHEN? _____ DID YOU QUIT OR TERMINATED? YES OR NO _____	
Have You Ever Been Convicted of Elder Abuse? YES OR NO		Have You ever Been Convicted of a Felony? YES OR NO IF YES, PLEASE EXPLAIN IN THE EXPLANATIONS SPACE PROVIDE TO YOU ON THE BACK OF THIS FORM!	
Are You Related to Anyone in Our Company? Who and How?		HOW DID YOU HERE ABOUT US? GOOGLE, INDEED ,WALK-IN OR REFERRED IF SO, WHO _____	
Professional License Number (RN/LPN ONLY)	Type	State	
DO YOU HAVE RELIABLE TRANSPORTATON? YES OR NO	ARE YOU ALLEGRY TO CATS OR DOGS? YES OR NO	DO YOU HAVE A SMART PHONE OR DEVICE CAPABLE OF DOWNLOADING YOUR SCHEDULE? YES OR NO	
IN CASE OF EMERGENCY NOTIFY	Name	Relationship	
	Address	Telephone	
<p>This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.</p> <p>I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.</p> <p>I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.</p> <p>If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.</p>			

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EDUCATION					
Name of School and colleges	Major Subject(s)	Did you Graduate?	Type of Degree		
		<input type="checkbox"/> Yes, or <input type="checkbox"/> No			
		<input type="checkbox"/> Yes, or <input type="checkbox"/> No			
		<input type="checkbox"/> Yes, or <input type="checkbox"/> No			
FORMER EMPLOYERS AND EXPERIENCE (References) PLEASE LIST MOST CURRENT EMPLOYER FIRST					
EMPLOYERS NAME & CONTACT #	EMPLOYERS ADDRESS	Period		PAYRATE	JOB POSITION
		From	To		
Personal References (Not Relatives)					
Name	Address	Phone Number		Relationship	

EXPLANATION OF OFFENSES

BY SIGNING THIS DOCUMENT I ATTEST THAT ALL THIS INFORMATION I HAVE PROVIDED ON THIS DOCUMENT TO BE ACCURATE. I AUTHORIZE CARE FOR YOU HOME HEALTH CARE AGENCY TO PERFORM AN BACKGROUND SCREENING, DRUG TEST, SKILLED TESTING PRIOR TO HIRING AND AGREE TO ANY FEES THAT MAY OCCUR ON MY PART TO OBTAIN THIS INFORMATION WHICH WILL BE DEDUCT FROM MY FRST PAYCHECK IF HIRED.

PRINT NAME _____

SIGNATURE _____

DATE _____