**EMPLOYMENT APPLICATION**

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| **All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or disability, or other status protected by law. We are an Equal Opportunity Employer.**  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT Last First Middle  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street City State Zip  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you over 18 yrs of age? N Y  Are you legally eligible for employment in the United States? YES NO (Verification is required by law.)  Position applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full time Part time Per visit  If part time or per visit, list available days and times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you employed at the present time? YES NO If yes, may we contact your current employer? YES NO  Date you are available to start work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly/visit rate desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you ever worked for this agency before? YES NO If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you ever been convicted of a crime? YES NO If yes, list and describe your convictions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How were you referred to this agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PROFESSIONAL REFERENCES .. Previous Experience Begin with most recent employer.**

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| **Employer #1** Phone | From: To: |
| Address: | Position: |
| Duties: | Supervisor’s Name: |
| Reason for Leaving: | Wages: |
| **Employer #2** Phone | From: To: |
| Address: | Position: |
| Duties: | Supervisor’s Name: |
| Reason for Leaving: | Wages: |
| **Employer #3** Phone | From: To: |
| Address: | Position: |
| Duties: | Supervisor’s Name: |
| Reason for Leaving: | Wages: |

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| **Level of Education** | **Name and Address of School** | **Major Subject** | **Circle Last Year Completed** | **Date Graduated and Degree/Diploma** |
| High School |  |  |  | Diploma YES NO GED |
| College |  |  | 1 2 3 4 |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

Indicate special qualifications, skills, computer abilities, or military experience:

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**ADDITIONAL REFERENCES Supply two who are not relatives.**

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| **Name** | **Address** | **Years Known** | **Telephone** | **How do you know this person?** |
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**CERTIFICATION**

*I certify that the above information is true and complete. I understand that any false statement I have made herein or my failure to disclose requested information may disqualify me for consideration for employment, or if employed, may result in my termination. I further authorize Heart 2 Heart Home Care, or its agent to perform an investigation of local, state and federal records relating to any criminal convictions I may have. In addition, the agency has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history, or criminal history and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me.*

*I understand and acknowledge that I may be required to undergo a post-offer, pre-employment physical exam, and a post-offer pre-employment drug screening analysis for substance abuse. I understand that these may, to the extent permitted by law, result in the revocation of any offer of employment.*

*I certify that this application does not constitute an employment contract of any kind. I further acknowledge that, if I am offered a position with Heart 2 Heart Home Care, my employment may be terminated at any time, with or without notice or cause, except as otherwise provided by law.*

***Signature****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Date*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*