



Big Heart Home Health
Care 8522 Garfield Blvd.
Garfield Hts., OH 44125
(216) 551-5926

Employment Application:

How did you hear about this position? _____

Applicant Information

Full Name: _____ Date: _____
 Name: _____ : _____

<i>Last</i>	<i>First</i>	<i>M.I.</i>
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Address: _____

<i>Street Address</i>	<i>Apartment/Unit #</i>
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<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Phone: _____ Email: _____

Social Security No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain:	

Education

High School: _____ Address: _____
 From: _____ To: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From:	To:	Did you graduate?	YES	NO	Degree:
			<input type="checkbox"/>	<input type="checkbox"/>	

References

Please list three professional references.

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

Previous Employment

Company:	Phone:
Address:	Supervisor:

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Company:	Phone:
Address:	Supervisor:

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Employment Position

Position(s) applying for: _____

Date Available: _____ Desired Salary: \$ _____

What days are you available for work? _____

What hours are you available? _____

Do you have reliable transportation to and from work? _____

Will you consent to a mandatory substance test? Yes _____ No _____

Do you have any condition which would require job accommodations? Yes _____ No _____
Describe accommodations _____

Do you have any friends, relatives or acquaintances working for Big Heart Home Health Care?
State name and relationship: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer and Signature

AT-WILL EMPLOYMENT

The relationship between you and Big Heart Home Health Care, LLC is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause and with or notice, by you or Big Heart Home Health Care, LLC. No representative of Big Heart Home Health Care, LLC has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Company’s owner or Chief Operations Officer.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

: _____ : _____