



# EMPACARE HOMECARE

## Employment Application Form

**PLEASE COMPLETE PAGES 1-3.**

DATE \_\_\_\_\_

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

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long at current address \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Are you under age 18 \_\_\_\_ YES \_\_\_\_ NO, if "YES", can you provide proof of your eligibility to work? \_\_\_\_ YES \_\_\_\_ NO

Are you currently authorized to work in the United States? \_\_\_\_ YES \_\_\_\_ NO. Proof of eligibility will be required if hired.

Position applied for (1) \_\_\_\_\_  
 and wage desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

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

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     TEMPORARY/CONTRACT

When are you available to start work? \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|----------|---------------------------|----------------|
| High School          |                |          |                           |                |
| College              |                |          |                           |                |
| Bus. or Trade School |                |          |                           |                |
| Professional School  |                |          |                           |                |

Have you ever been convicted of a crime?     No     Yes    (A Conviction record will not necessarily disqualify you from employment.)

Employee Referral? Name \_\_\_\_\_



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## APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER in the ARMED FORCES?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

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

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |
| Reason for leaving (be specific)                                     |                         |                  |                |
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your Last Job Title     |                  |                |
| Reason for leaving (be specific)                                     |                         |                  |                |
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |
| Reason for leaving (be specific)                                     |                         |                  |                |
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |
| Reason for leaving (be specific)                                     |                         |                  |                |



## **EMPACARE HOMECARE**

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No    If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation \_\_\_\_ Yes \_\_\_\_ No.



## **EMPACARE HOMECARE**

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### **PLEASE READ CAREFULLY**

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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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**Applicant Signature**

**Print**

**Date**