



For Official Use Only

Date Received: _____, 20__

Reviewed by: _____

Comments: _____

UFH EMPLOYMENT APPLICATION

United Federal Home Care provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please -

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 ½ " x 11" sheets of paper to this application.
- Submit your application to Info@unitedfederalhomecare.com or fax to 1-508-286-6135 Attn: Human Resources Department

Position Applying For: _____

Personal Information

1. Name (Last, First Middle)	3. Social Security # -- --	6. Driver's License (State/No.)
2. Address (Street)	4. Telephone Number () -	7. Alternate Telephone () -
Address (City, State, Zip Code)	5. Email Address	

General Information

Are you legally eligible for work in the U.S.A.? ☐ Yes ☐ No
(if yes, verification will be required)

Have you ever applied to or worked for [United Federal Home Care](#) before? ☐ Yes ☐ No
If so, when?

Are any of your relatives currently working for [United Federal Home Care](#)? ☐ Yes ☐ No
If so, please list name and department, if applicable.

Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, please explain.

Employment Request				
Minimum Salary Requested: \$		If applicable, are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the earliest date you can begin work?				
How did you hear about this position? <input type="checkbox"/> Recruiter <input type="checkbox"/> Internet Job Posting <input type="checkbox"/> Newspaper Classified <input type="checkbox"/> Company Website <input type="checkbox"/> Other _____				
Employment History <i>*Please begin with most recent employment</i>				
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____ _____ to _____ _____	Pay or salary Start: _____ Final: _____	Position: _____ Duties: _____	Reason for Leaving: _____
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____ _____ to _____ _____	Pay or salary Start: _____ Final: _____	Position: _____ Duties: _____	Reason for Leaving: _____
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____ _____ to _____ _____	Pay or salary Start: _____ Final: _____	Position: _____ Duties: _____	Reason for Leaving: _____
Education				
School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational / Specialized				

Military			
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch: _____	
Specialized Training:			
References			
Name	Company	Title	Contact Information

Signature / Certification	
<p>I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize United Federal Home Care to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to United Federal Home Care by any of the schools, services, or employers listed on this application.</p>	
Signature:	Date: