

SECTION 1

□ EMPLOYMENT APPLICATION

□ RESUME

□ INTERVIEW REVIEW

□ REFERENCE

APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

PERSONAL

_____	_____	_____	_____
Last name	First	Middle	Date
_____			_____
Street Address			Home phone
_____			_____
City, state, Zip code			Business phone
_____			_____
S.S#			Date of Birth

Emergency contact (person not living with you) _____

Have you ever applied for employment with this agency? _____ YES _____ NO

How many hours a week are you available for work? _____

Are you legally eligible for employment in the Unites States? ___ YES ___ NO

How did you learn of our organization? ___ Newspaper ads ___ Agency employee ___ other

Are you Willing to work: ___ evening? _____ Weekends?

Position applying for: ___ LVN ___ RN ___ Therapist

APPLICATION FOR EMPLOYMENT

EDUCATION:

SCHOOL NAME	LOCATION OF SCHOOL	COURSE OF STUDY	YEAR OF DEGREE/DIPLOMA
_____	_____	_____	_____
_____	_____	_____	_____

VO-TECH OR TRADE:

HIGH SCHOOL :

OTHER:

EMPLOYEMENT:

List the last five years employment history starting with the most recent employer

1. Company Name: _____ Phone#: _____
Address: _____ Dates of employment: _____
City _____ State _____ Zip code _____ Title _____
2. Company Name: _____ Phone#: _____
Address: _____ Dates of employment: _____
City _____ State _____ Zip code _____ Title: _____
3. Company Name: _____ Phone#: _____
Address: _____ Dates of employment: _____
City _____ State _____ Zip code _____ Title: _____

APPLICATION FOR EMPLOYMENT

Was your last name different from your present name during the above listed jobs?

YES _____ **NO** _____

If yes, what was our name? _____

Are you currently employed? **YES** _____ **NO** _____

Do you have reliable transportation? **YES** _____ **NO** _____

PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. **NAME:** _____ **Telephone:** _____

Address: _____

2. **NAME:** _____ **Telephone:** _____

Address: _____

3. **NAME:** _____ **Telephone:** _____

Address: _____

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a home care and community support agency? **YES** _____ **NO** _____

Conviction will not necessarily disqualify an application from employment.

If yes, describe in full:

Are you capable of performing the job set forth in the job description? **YES** _____ **NO** _____

If you answered NO, which job requirement can you not meet?

APPLICATION FOR EMPLOYMENT

Credentials/ specialized skills & qualification/equipment operated

List all the states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

I certify that the factors contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUND FOR DISMISSAL

I authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all person and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

Signature: _____ **DATE:** _____

Camillians Home Health Service, LLC

APPLICANT REFERNCE CHECK (1)

To whom it may concern:

This applicant named below has submitted an application for employment with our firm please verify employment and rate the performance of this candidate.

To be filled out by applicant:

Applicant name: _____ Date of application: _____

Previous employer: _____ Contact Person: _____

Address: _____ Phone: _____

I hereby authorize the following information to be released. I release you and all person and organization from all claims and liability of any nature from any information give.

Applicant Signature: _____

Employment Dates: _____ Eligible for rehire? Yes ___ No ___

Position hold: _____ Final Salary \$ _____

Reasons for leaving _____

To Be filled out by the person providing the reference/or the staff calling for the reference:

Technical skills for the job Above Average ___ Average ___ Below Average ___

Communication skills Above Average ___ Average ___ Below Average ___

Attendance Above Average ___ Average ___ Below Average ___

Overall performance Above Average ___ Average ___ Below Average ___

Information Provided By: _____

title/ Relationship: _____

Other Comments: _____

Verified By: _____

Signature

Phone _____ Mail _____

Camillians Home Health Service, LLC

APPLICANT REFERNCE CHECK (2)

To whom it may concern:

This applicant named below has submitted an application for employment with our firm please verify employment and rate the performance of this candidate.

To be filled out by applicant:

Applicant name: _____ Date of application: _____

Previous employer: _____ Contact Person: _____

Address: _____ Phone: _____

I hereby authorize the following information to be released. I release you and all person and organization from all claims and liability of any nature from any information give.

Applicant Signature: _____

Employment Dates: _____ Eligible for rehire? Yes ___ No ___

Position hold: _____ Final Salary \$ _____

Reasons for leaving _____

To Be filled out by the person providing the reference/or the staff calling for the reference:

Technical skills for the job Above Average ___ Average ___ Below Average ___

Communication skills Above Average ___ Average ___ Below Average ___

Attendance Above Average ___ Average ___ Below Average ___

Overall performance Above Average ___ Average ___ Below Average ___

Information Provided By: _____

title/ Relationship: _____

Other Comments: _____

Verified By: _____

Signature

Phone _____ Mail _____