

Essential Home Health

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Name (Last name first)			Social Security Number		
Present Address		Apt. No.	City		State ZIP
Permanent Address		Apt. No.	City		State ZIP
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:		Work Phone:		Cell:
Position Desired			Date you can start		Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we call your current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?		When?		
Name of last supervisor at this company:					
Who referred you to this company? : <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> Other <input type="checkbox"/> College Placement Service					

EDUCATION

Name of School	School Location City & Location	Did you Graduate? List year	List degree Attained	Number of years Attended	Major Field of study	Name used while at this school
High School						
College						
Trade, Business, Correspondence, or Professional School						
Subjects of Special Study or Research Work:						
Special Training						
Special Skills						

A background check will be conducted on all hires.

This company will not deny employment to any applicant solely because the person has been convicted of a crime. We will, however, consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.	
Have you ever, under your name or another name, been convicted of (or pled guilty or no contest to) a misdemeanor or felony within the last 7 years? (Do not disclose convictions that have had records expunged or sealed.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Where? _____ Date? _____	
Nature of crime?	
Are you currently on bail, the subject of a current arrest warrant or awaiting trial? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.	
Have you used illegal drugs or non-prescribed controlled substances in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.	
Have you ever been convicted of driving under the influence (DUI, DWI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use alcohol to the extent that it would impair your job performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If a job description has been provided for you, are you able to perform the essential functions of the job with or without reasonable accommodations? Yes No

If no, describe the functions that cannot be performed? _____

EMPLOYMENT HISTORY Please list your employers for the last five years starting with the most recent.

Starting Date:	Name of present or last Employer:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Street Address:		
Ending Date:	City:	State:	
Starting Salary:	Supervisor Name:	Title:	Phone:
Ending Salary:			
Job Title:	Name used while working for this employer:		
Description of work:			
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other			
Explain:			

Starting Date:	Name of present or last Employer:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Street Address:		
Ending Date:	City:	State:	
Starting Salary:	Supervisor Name:	Title:	Phone:
Ending Salary:			
Job Title:	Name used while working for this employer:		
Description of work:			
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other			
Explain:			

Starting Date:	Name of present or last Employer:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Street Address:		
Ending Date:	City:	State:	
Starting Salary:	Supervisor Name:	Title:	Phone:
Ending Salary:			
Job Title:	Name used while working for this employer:		
Description of work:			
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other			
Explain:			

Starting Date:	Name of present or last Employer:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Street Address:		
Ending Date:	City:	State:	
Starting Salary:	Supervisor Name:	Title:	Phone:
Ending Salary:			
Job Title:	Name used while working for this employer:		
Description of work:			
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other			
Explain:			

Starting Date:	Name of present or last Employer:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Street Address:		
Ending Date:	City:	State:	
Starting Salary:	Supervisor Name:	Title:	Phone:
Ending Salary:			
Job Title:	Name used while working for this employer:		
Description of work:			
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other			
Explain:			

REFERENCES List the names of 6 persons you are not related to, whom you have known for more than a year.
If possible, list persons you have worked with and persons whom know you well.

Please check phone numbers to verify they are working numbers.

Name	Address, City & State	Phone	Relationship to Reference	Years Acquainted
		Home:		
		Work:		
		Cell:		
		Home:		
		Work:		
		Cell:		
		Home:		
		Work:		
		Cell:		
		Home:		
		Work:		
		Cell:		
		Home:		
		Work:		
		Cell:		

The Company conducts background checks on all applicants that we decide to hire.

Authorization and Understanding Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any misstatements or omission of material facts in this application or in the hiring process shall be grounds for disqualification or termination of employment.

I authorize you or your representative , at the time of hire for employment or at any time while I am employed, to verify any of the information concerning my employment, credit, education, criminal history, driving history, personal references, and military history with the appropriate individuals and / or institutions. I authorize them to release such information as you require, including disciplinary employment record, without any obligation to give me notice of such disclosure.

I hereby release you and your representatives from any liability whatsoever as a result of such inquiries and disclosures. I agree that any false information or omission of pertinent information may subject me to disqualification for employment or termination of employment at any time during the period of employment. If hired, I will serve at the will of the employer and agree to these arrangements.

CONFIDENTIAL INFORMATION: FOR POSITIVE IDENTIFICATION PURPOSES ONLY

APPLICANT:

Name Typed or Printed	Social Security Number	
Signature	Date of Birth (for identification purposes only)	
Other names used in last seven (7) years	Drivers License Number	
Name at graduation from high school/college/graduate or professional school	State (DL#)	Today's Date
Address	City, State, ZIP	

May we contact your current employer? **Yes** **No**