

**NEW HIRE APPLICATION FORM**

**PLEASE NOTE: All prospective employee will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap All information provided herin will be kept confidential.**

<b>Personal</b>							
<i>It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted.</i>							
Name (First, MI, Last)				Social Security Number:			
Mailing Address							
City, State, and Zip Code							
Telephone:				Alternate Phone:			
If under 18, please list age				Email:			
<b>Job Types</b>							
Days/hours available to work							
I have no preference	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
I am seeking a:		Full-time job		Part-time job		Either	
Position applying for:		Therapist(Specify)		Nurse(Specify)		CNA	Caregiver
How many hours can you work weekly?			Can you work nights?		Date available to begin?		
<b>Additional Information</b>							
Have you ever been employed by this organization in the past?						Yes	No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						Yes	No
Was your last name been different from the present name listed above? If yes, what was your name?						Yes	No
Are currently employed?						Yes	No
Do you have reliable transportation?						Yes	No
Have you ever been convicted of a crime in the past 5 years, barring employment in a home care and community support agency? (Conviction will not necessarily disqualify an applicant from employment). If yes, please describe in full:						Yes	No
Are you capable of performing the job set forth in the job description? If No, please describe in full which job requirement you can not meet?						Yes	No
<b>Education</b>							
School	Location (Mailing Address)			Years Completed	Major	Degree or Diploma	
High School							
College or Business/Trade School							

<b>Military</b>			
Have you ever been in the Armed Forces?	Yes	No	Date entered
Are you now a member of the National Guard?	Yes	No	Discharge date
Specialty			
<b>Working Experience</b>			
<i>Please list ALL work experience beginning with your most recent job held. Attach additional sheet if necessary.</i>			
Company	Name of last supervisor		Hrs/week
Address	Start Date:	Starting Salary	
City, State, and Zip Code	End Date:	Final Salary	
Phone number:	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer	Yes	No	
<b>Working Experience</b>			
Company	Name of last supervisor		Hrs/week
Address	Start Date:	Starting Salary	
City, State, and Zip Code	End Date:	Final Salary	
Phone number:	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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May we contact this employer	Yes	No	
<b>Working Experience</b>			
Company	Name of last supervisor		Hrs/week
Address	Start Date:	Starting Salary	

City, State, and Zip Code		End Date:	Final Salary
Phone number:		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer		Yes	No
<b>Professional References</b>			
<i>Persons who can furnish information about job performance</i>			
Name	Address	Telephone No.	Fax No.
<b>Employee Emergency Contact Information</b>			
<i>Please notify this Agency immediately if any of the emergency contact information changes.</i>			
Name	Address	Telephone No.	Relationship
<b>CREDENTIALS/SPECIALIZED SKILLS &amp; QUALIFICATIONS/EQUIPMENT OPERATED</b>			
List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.			
States licensed	Registratin/Expiration Date	Job-related Skills	
<p>I certify that the facts 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 GROUNDS FOR DISMISSAL</p> <p>I Authorize complete investigation of all statements contained herein and herby give my full permission for the Agency to contact and fully discuss my background and history with all persons 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 my result from furnishing the same to the Agency.</p> <p>I understand and agree that, if hired, my employment is for no definite period arid 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.</p> <p>This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.</p>			
DATE: _____		SIGNATURE _____	