



Please read carefully before filling out this application

No question on this application is intended to secure information to be used for a discriminatory purpose, as this company is an equal employment opportunity employer and does not discriminate on the basis of race, color, religion, sex, citizenship, national origin, age, veteran, reserve, national guard, marital status, disability, or any other legally protected status.

APPLICANTS STATEMENT OF UNDERSTANDING AND AUTHORIZATION

I understand that this application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I understand and authorize the company to obtain a criminal history check as well as a reference check.

I understand that the company may require a Motor Vehicle Record report. I understand that the company reserves the right to require a conditional offer of employment medical examination as well as periodic physical; or medical examinations, a pre-employment as well as post-employment drug/alcohol test, to the extent permitted by law.

I hereby state that the information given by me in this application is true in all respects, and I agree that if I am employed and the information is found to be false in any respect that I may be dismissed

Should I be employed I understand that such employment is at-will and will not result in an employment contract for any specific term.

Signature of Applicant _____ Date _____

We are dedicated to a policy of
nondiscrimination in employment
on any basis including race,
color, age, sex, religion, handicap
or national origin.

NAME: _____
FIRST MIDDLE LAST

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
(If different from above) STREET CITY STATE ZIP

PHONE NO: () _____ - _____ PERSONAL CELL NO: () _____ - _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ EMAIL: _____

REFERRED BY: HHP EMPLOYEE NAME: _____
 CAREERBUILDER CRAIGSLIST OTHER: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE AVAILABLE: _____

SALARY EXPECTED: _____ ARE YOU EMPLOYED NOW? YES NO

IF EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO THIS COMPANY OR HOME HEALTHCARE PARTNERS? YES NO

EDUCATION

Education	Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subject Studied / Degree Received
HIGH SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE / BUSINESS / CORRESPONDENCE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
POST GRADUATE SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Subjects of Special Study, Research Work or Other Interests: _____

Why do you want to work for the Home Healthcare Partners network? _____

List Below Last Four Employers, Starting With the Most Recent

Date: Mo/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Have you ever been convicted of, been given probation, or deferred adjudication in lieu of sentencing or pled no contest for any offense other than a minor traffic violation? YES NO If YES, please explain fully:

Have you ever been charged with an unresolved criminal charge? (Have you ever been charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)
 YES NO If yes, please explain fully:

Do you have pending litigation or currently involved in a legal situation? YES NO If YES, please explain fully: _____

Are you able to meet the attendance requirements of this job? YES NO

Are you able to perform the essential functions of this job, as it has been explained to you? YES NO

Do you have means of transportation to get to and from work? YES NO

Have you ever been discharged (fired, laid-off, etc.) from a job? YES NO If YES, please explain fully:

Note: Answers to these questions do not automatically disqualify you for employment. The nature, the date, and the type of job for which you are applying will be considered.

PROFESSIONAL /ACADEMIC REFERENCES

NAME	PHONE #	BUSINESS/RELATIONSHIP	YEARS ACQUAINTED
1.			
2.			
3.			

I understand that the law requires that a Criminal History Check be performed upon all Home Health Aides at time of employment, and that my continued employment is contingent upon results of the Criminal History Check by the Department of Human Services. The Criminal History Check may also be performed on any perspective employee.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for refusal to hire or immediate dismissal.

DATE: _____

SIGNATURE: _____