



# EMPLOYMENT APPLICATION

## Applicant Information

Are you at least 18 years of age and do you have the legal right to work in the United States?  Yes  No

First Name

Middle Name

Last Name

Street Address / Apartment

City  State  Zip Code

Phone Number  Other Phone

Email Address

## Availability

What type of work are you interested in?

When are you available to start?

What weekday hours are you available?

What weekend hours are you available?

How many hours are you willing to work in a week?

What is the minimum pay you desire?

What how many miles are you willing to travel to a position?

Have you ever been convicted of a crime?  Yes  No

If yes, please provide information.

Do you have reliable transportation?  Yes  No

Are you currently employed?  Yes  No

Experience in caregiver type position?  Yes  No Years

## Education

Enter most recent - Do not enter start and end date if the most recent is high school

Name of School

Type of School

Street Address

City

State

Zip Code

Start Date

End Date

Degree

Major

## Recent Employment

**List most recent first**

Company Name

Street Address

City

State

Zip Code

Phone Number

Supervisor Name

Job Title

Job Duties

Start Date

End Date

End Wage (Hourly or Annual rate)

May we contact this employer for a reference check?

Yes

No

Reason for Leaving

Company Name

Street Address

City  State  Zip Code

Phone Number

Supervisor Name  Job Title

Job Duties

Start Date  End Date  End Wage (Hourly rate or Annual rate)

May we contact this employer for a reference check?  Yes  No

Reason for Leaving

### Skills / Certifications

- Certified Home Health Aide
- First Aide
- Certified Nursing Assistant
- CPR
- Other

### References

Contact Name  Job Title

Phone Number  City  State

Special Instructions

Contact Name  Job Title

Phone Number  City  State

Special Instructions

## Emergency Information

Contact Name

Relation

Phone Number

Other Number

Allergies

### APPLICANTS STATEMENT

---

I certify that answers given herein are true and complete to the best of my knowledge. I understand that falsification of any information on my employment application would constitute grounds for immediate dismissal.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

This application for employment shall be considered active for a period of time not to exceed six months. Any a I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless and authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date

Action Home Health Care (AHC) is committed to providing Equal Employment Opportunities (EEO) to all qualified persons regardless of race, color religion, sex, national origin, age, disability or status as a Vietnam era disabled veteran. Auxiliary aids and services are available upon request.