



EMPLOYMENT APPLICATION

PLEASE PRINT ALL INFORMATION REQUESTED
EXCEPT SINGATURE

DATE OF APPLICATION: _____
DATE OF HIRE: _____

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Present Address: _____
Number Street Apartment/Unit #

_____ *City State ZIP Code*

How long at present address? _____

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

If under 18, please list age _____

Position Applied for _____

Days and Hours available to work

No Pref.		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	

How many hours are you available to work weekly? _____

Type of employment desired:

Full time Part-time Full or Part-time
Per Diem

Are you available to work nights? _____ YES NO If no, are you authorized to work in the U.S.? YES NO

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Are you a citizen of the United States?

YES NO

Have you ever worked for this company? YES NO
 If yes, when? _____

Have you ever been convicted of a Crime? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Work Experience

**Please list your work experience for the past five years beginning with your most recent job held.
If you were self-employed, give firm name.
Attach additional sheets or resume if necessary.**

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

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Responsibilities: _____

From: _____ To: _____ Reason for leaving (be specific): _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving (be specific): _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving (be specific): _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

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Disclaimer and Signature

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by

HEAVENLY HEARTS HOMECARE (hereinafter called "the Agency"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Agency practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee or contractor of the Agency, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner or administrator of the Agency. Both the undersigned and the Agency may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Agency may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the

Agency permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Agency from any liability as a result of such contract. I further understand that my employment with the Agency shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Agency is terminable at will for any reason by either party.

Signature of applicant

Date: _____

This Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, nationality, origin, citizenship, age or disability. We assure you that your opportunity for employment

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REFERENCE VERIFICATION FORM

DEAR APPLICANT: PLEASE COMPLETE ONLY THE NAME AND TELEPHONE NUMBER OF THE COMPANY / AGENCY TO BE CONTACTED FOR REFERENCE VERIFICATION.

APPLICANT NAME _____ DATE _____

COMPANY / AGENCY NAME: _____

TELEPHONE: _____

POSITION: _____

DUTIES: _____

DATES EMPLOYED: FROM: _____ TO: _____ ELIGIBLE FOR REHIRE? YES NO

REASON FOR LEAVING: _____

	Excellent	Above Average	Average	Unacceptable
Quality of Work				
Communication Skills				
Interpersonal Skills				
Professional Competency				
Dependability				

Comments:

Telephone Reference Taken By: _____ Date: _____

Reference Given By: _____ Title: _____

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Comments:

Telephone Reference Taken By: _____ Date: _____

Reference Given By: _____ Title: _____

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LICENSE/ PERMIT/ REGISTRATION VERIFICATION

Date: _____ Name: _____

Type of License / Permit / Registration: _____

License / Permit / Registration (circle one) number: _____

Expiration Date: _____ Contacted _____ to verify

Verification status: _____ Verification checked by: _____

EMPLOYEE MISCONDUCT AND NURSE AIDE REGISTRY CHECK

Date: _____ Name: _____

Registry checked: Nurse Aide Registry: _____ Employee Misconduct _____

Name on either / applicable registry: YES or NO Employable: YES or NO

(Please note: If the employee / applicant's name appears on either registry the employee / applicant is not employable)

Registry checked by: _____, Title: _____