

APPLICATION FOR EMPLOYMENT

(Please print clearly)

Personal Information

Date: _____

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Telephone _____ Social Security No. _____
Area Code Number

If under 18 years of age, do you have a work permit? Yes No

If not a U.S. citizen, do you have the right to remain permanently and work in the U.S.A.? Yes No

Alien Reg. No. _____

Employment Desired

Position applied for: _____

Shift you can work: Day Evening Either Hours desired: Full time Part time Temporary

How did you learn of this opening? _____

Date you can start: _____
Month Day Year

Have you ever applied to this company before? Yes No When _____

Have you ever worked for this company before? Yes No

When _____ Supervisor _____

Reason for Leaving _____

Education

Highest grade completed (circle): 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4
Grade School High School College

Name and location of last school attended _____

Vocational or trade training _____

Extracurricular activities while in school _____

Area of specialization or major interest _____

Professional organization membership, honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying:

References

List three persons who know you well. Do not include relatives or former employers.

Name	Address	Phone	Years Acquainted With You

Former Employers

List below your work experience, starting with your present or last place of employment.

Date Employed	Name and Address of Employer	Name of Supervisor	Position(s) Held
from _____ to _____	_____	_____	start _____ finish _____
from _____ to _____	_____	_____	start _____ finish _____
from _____ to _____	_____	_____	start _____ finish _____
from _____ to _____	_____	_____	start _____ finish _____
from _____ to _____	_____	_____	start _____ finish _____

May we contact your present employer at this time? Yes No

Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____

Date _____

Please fax form directly to the Heritage Complete Home Care Division to which you are applying.

Medical Equipment
FAX: (740) 537-2545

Skilled Care
FAX: (740) 537-1180

Home Care
FAX: (740) 537-2064