

# GRACEFUL HOME HEALTHCARE

## APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (daytime)(\_\_\_\_) \_\_\_\_\_ (evening)(\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Have you filed an application with our company before?  Yes  No Have you been employed by our company before?  Yes  No Name used if different from above: \_\_\_\_\_

Are you related to anyone in our company?  Yes  No If Yes, who are you related to? \_\_\_\_\_  
\_\_\_\_\_ How are you related? \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Type of hours preferred: \_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_ AM shift \_\_\_\_ PM shift \_\_\_\_ Night shift \_\_\_\_ Weekend

Are you legally eligible for employment in the United States?  Yes  No (Note: Proof of US citizenship or immigration status will be required upon employment.)

State \_\_\_\_\_

Have you ever been convicted of a crime?:  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### Employment History (Most recent first)

Company Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Base pay rate \_\_\_\_\_

Job Title & Work Description \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Base pay rate \_\_\_\_\_

Job Title & Work Description \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Base pay rate \_\_\_\_\_

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Job Title & Work Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## REFERENCES

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Tel No.: \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Tel No.: \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Tel No.: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Circle number of years attended each school:

High School 1 2 3 4 College 1 2 3 4

Degree earned? \_\_\_\_\_

## MILITARY

Did you serve in the U.S. Armed Forces?

Yes  No

If yes, what branch? \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company: \_\_\_\_\_

1. I understand that my previous employers will be contacted for verification of employment. I authorize the Company to investigate references and to secure additional job related information about me. **I hereby release from liability the Company and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.**
2. I understand and agree that any misrepresentation that I make in this application is sufficient cause for cancellation of this application and, if employed, separation from the employer's service.
3. I understand that my employment is conditional upon a satisfactory outcome of a criminal / character background check. If unsatisfactory, my employment, or offer of employment, will be terminated immediately.
4. I understand that if employed by the company, my pay will be directly deposited to my account at a financial institution of my choice.
5. I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause or notice. **I understand that no representative of the Employer has the authority to make any assurances to the contrary.**
6. **I understand that I will be tested for drugs and other intoxicating substances upon hire and randomly thereafter during employment with the company. If I fail a drug / alcohol test, my employment will be terminated. Refusal to submit to a test is treated as a positive test result.**

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Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## **Applicant Reference Check** **Present / Most Recent Employer**

Applicant: \_\_\_\_\_

Employer: \_\_\_\_\_

Yes, you may contact this Employer

Supervisor: \_\_\_\_\_

No, you may NOT contact this Employer

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I have applied for the position of \_\_\_\_\_ with \_\_\_\_\_ and hereby grant permission to verify the information below and to solicit and secure other information which may be required to determine my suitability for employment. I further authorize the above named employer to release such information as may be requested for the purpose of evaluating me for possible employment. A copy of this authorization bearing my signature has the same force and effect as the original. I do hereby release the addressed individual, company or institution and all individuals connected therewith for all liability for any damage whatsoever incurred in furnishing such information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Applicant Information**

To be completed by applicant for most recent place of employment. Complete even if you do not want your current employer contacted.

4. I (am / am not) eligible for rehire. If not, explain. \_\_\_\_\_  
\_\_\_\_\_

1. I was employed as a \_\_\_\_\_  
\_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

2. Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

3. Please rate yourself on the following:

	Excellent	Good	Fair	Poor
Dependability	_____	_____	_____	_____
Performance	_____	_____	_____	_____
Team Player	_____	_____	_____	_____
Job Knowledge	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Attendance	_____	_____	_____	_____

**Present / Most Recent Employer**

Please check that you agree or disagree with the factual data provided by the applicant.  
BY Phone: ----- Mail: -----

Agree	Disagree	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## Applicant Reference Check Former Employer

Applicant: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I have applied for the position of \_\_\_\_\_ with \_\_\_\_\_ and hereby grant permission to verify the information below and to solicit and secure other information which may be required to determine my suitability for employment. I further authorize the above named employer to release such information as may be requested for the purpose of evaluating me for possible employment. A copy of this authorization bearing my signature has the same force and effect as the original. I do hereby release the addressed individual, company or institution and all individuals connected therewith for all liability for any damage whatsoever incurred in furnishing such information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Applicant Information

To be completed by applicant for most recent place of employment. Complete even if you do not want your current employer contacted.

4. I (am / am not) eligible for rehire. If not, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. I was employed as a \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

2. Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

3. Please rate yourself on the following:

	Excellent	Good	Fair	Poor
Dependability	_____	_____	_____	_____
Performance	_____	_____	_____	_____
Team Player	_____	_____	_____	_____
Job Knowledge	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Attendance	_____	_____	_____	_____

### Former Employer

Please check that you agree or disagree with the factual data provided by the applicant.

BY Phone: ----- BY Mail: -----

Agree	Disagree	Reason
-----	-----	-----
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____