



EMPLOYMENT APPLICATION FORM

(Please Fill Out Completely)

Date of Application: _____ Social Security Number: ____ - ____ - ____

Print Full Name: _____

Home Phone: _____ Mobile: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Applied For _____

Documents required with this application (All)

Check if attached

- | | |
|---|--------------------------|
| 1. Thoroughly completed employment application | <input type="checkbox"/> |
| 2. Current Professional License (Signed), if any | <input type="checkbox"/> |
| 3. Current CPR card/First Aid (Signed) | <input type="checkbox"/> |
| 4. PPD/Chest X-Ray /Medical | <input type="checkbox"/> |
| 5. Employment Eligibility Verification (Form I-9) | <input type="checkbox"/> |
| 6. Two employment reference forms or letter (phone # included) | <input type="checkbox"/> |
| 7. One personal reference form or letter (phone # included) | <input type="checkbox"/> |
| 8. Driver's License/ State Issue ID card (Signed) | <input type="checkbox"/> |
| 9. Copy of Social Security Card (Bring original signed copy to interview) | <input type="checkbox"/> |
| 10. One year of experience working in the field | <input type="checkbox"/> |
| 11. Background Check (a must) | <input type="checkbox"/> |
| 12. Any other information you have for employment | <input type="checkbox"/> |

If you do not have all the documents above, please tell us when it will be available:



PART A: PERSONAL INFORMATION

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. Other (Please specify)	First Name:	Last Name:																																
Home Address:	Correspondence Address (If different):																																	
Home Telephone: May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Telephone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:																																
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are under age 18, do you have an employment/age certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the circumstances of the conviction.																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="8">AVAILABLE HOURS (in HH:MM format)</th> </tr> <tr> <th></th> <th>SUNDAY</th> <th>MONDAY</th> <th>TUESDAY</th> <th>WEDNESDAY</th> <th>THURSDAY</th> <th>FRIDAY</th> <th>SATURDAY</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TO:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			AVAILABLE HOURS (in HH:MM format)									SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	FROM:								TO:							
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PART B: EDUCATION AND TRAINING

High School Name and Address	Dates Attended:	Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Area of Study
Colleges/ Training Schools	Dates Attended:	Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Area of Study
Professional trainings/ qualifications with dates and levels obtained			



PART C: PRESENT AND PAST WORK HISTORY

Present or most recent employer and address:	Dates (month/ year)	Position Held and Duties:	Reason for leaving
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Starting Salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ending Salary:	If no, please indicate reason.

WORK HISTORY

Give details of your work history with the most recent listed first: **ONE**

Employer and address:	Dates (month/ year)	Position Held and Duties:	Reason for leaving
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Starting Salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ending Salary:	If no, please indicate reason.

WORK HISTORY

Give details of your work history with the most recent listed first: **TWO**

Employer and address:	Dates (month/ year)	Position Held and Duties:	Reason for leaving
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Starting Salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ending Salary:	If no, please indicate reason.



PART D: SUPPORTING STATEMENT

Please indicate all relevant experience, skills and work history that relate to the job description of which you have applied. Please print clearly. All illegible entries will not be considered.

(attach additional sheets if necessary)

PART E: MEDICAL HISTORY

What absences due to illness have you had from work for the last two years?

Do you have any illness that will present you from performing the duties of the position of which you have applied?

Yes No

If yes, please indicate

Can you lift a weight of seventy pounds? Yes No

PART F: REFERENCES

Please list three-character references of which we may contact.

Name	Relationship	Years of Affiliation	Telephone number

PART G: DECLARATION

By signing below, I, _____, on the date of _____, hereby certify that all information included in the above application is true and valid to the best of my knowledge. I also understand that misrepresentation or falsification of the information provided above will result in my immediate disqualification from the selection process and dismissal from any position appointed to by the Agency after discovery.

Name: _____ Date: _____



CONFIDENTIAL AGREEMENT

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

I agree that except at the request and for the benefit of Agatha Home Health I will not disclose to anyone or use for my own purposes any of confidential or proprietary information, either during or after my employment. I understand and agree that Agatha Home Health bidding, costs, pricing and marketing information and techniques, customer names and information, and employee name and information are confidential and proprietary to Agatha Home Health.

I certify that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I authorized Agatha Home Health to contact all sources to verify the information on this application. I understand that any falsification, misrepresentation or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

I understand that this application is not a contract of employment.

I authorize and request my former employers, references, and educational institutions which have information about me, to give Agatha Home Health any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and educational institutions from any liability or claim relating to such release of information and opinions. I also authorized and request federal, state, and local governmental agencies to release to Agatha Home Health any information requested, concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Signature of applicant: _____

Date: _____



CONFLICT OF INTEREST

I acknowledge that I have read the company policy statement concerning conflict of interest and I hereby declare that neither I, nor any other business to which I may be associated, nor, to the best of my knowledge, any member of my immediate family has any conflict between our personal affairs or interests and the proper performance of my responsibilities for the company that would constitute a violation of that company policy. Furthermore, I declare that during my employment, I shall continue to maintain my affairs in accordance with the requirements of said policy.

Signature of Applicant

Date

RELEASE OF INFORMATION

I hereby authorize all prior employers, schools, credit bureaus, Social security Administration, Law enforcement agencies and investigative agencies to give **Agatha Home Health** all information concerning my previous employment and any pertinent information they may have personal or otherwise, concerning my qualifications for the position applied for. I release to **Agatha Home Health and** all its employees from all liability for any damage that may result from furnishing information to **Agatha Home Health**. I also release **Agatha Home Health and** all its employees from all liability for any damage that may result from reliance on the information furnished. I understand that if a consumer investigative report is requested, I have the right under the Fair Credit Reporting Act to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation. This written request should be addressed to the location where this application is filed.

Full Name (Please Print): _____ Social Security Number: _____ - _____ - _____

Signature of Applicant: _____ Date: _____