

# Help At Home Homecare LLC

## APPLICATION FORM

It is this Agency's Policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or disability.

APPLICANT NAME:				
PRESENT ADDRESS:				
HOME PHONE:		CELL PHONE:		FAX
POSITION APPLIED FOR:				
DATE AVAILABLE:				
If you are not a US Citizen, have you the legal right to remain permanently in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offence within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give date, place and nature of each such conviction _____				
Are you presently charged with any violation of the law other than traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give date, place and nature of each such conviction _____				
<b>EDUCATION HISTORY</b>				
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
List Professional Licenses you possess. Indicate type of License, number and State:				
List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin or disability:				
List languages spoken other than English:				
List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:				

NAME: \_\_\_\_\_

REFERENCES: Please list 3 references, 2 of which must be in a professional capacity –

NAME:	ADDRESS:	PHONE NO.

- I certify that the information in this application is true and complete for all practical purpose. It may be verified by the agency or any affiliate. Should a position be offered and later it is found that the information given is untrue, incomplete, or misrepresented, I understand and agree that the agency is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning that nature and scope of the investigation.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested. I also authorize any appropriate licensing board to release full information concerning my licensing history.

Applicant Signature:

Date:

REFERENCES CHECKED:  
 Yes    No

INITIALS:

**IF HIRED:**

- Position:  
Salary:  
Date of Hire:  
 Full-Time  
 Part-Time  
 Per Visit  
 PRN