

Advantage Home Care

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date _____

Last Name _____ First Name _____ Social Security _____

Home Address _____
Number Street City State Zip Code

Home Telephone Number (____) _____ Cell Telephone Number (____) _____

Referred By: _____ Date of Birth _____

Position Category HHA Admin Salary Desired _____

Shift Desired Days Evenings Weekends Date Available _____
(Check All That Apply)

Holidays Yes No Desired Locations _____

Are you employed now? Yes No If Yes, may we contact your present employer? Yes No

What languages do you speak: (please list) _____

Education Completed

	Name & Location of School	Year of Graduation	Degree/Certification
High School or GED			
College			
HHA or CNA Training School, or Any relevant training –correspondence or otherwise.			

Former Employers

(Start with more recent employer; list last four employers)

Dates	Name & Address & Phone# of Employer	Position	Salary	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Advantage Home care

Specialty Experience (note with X)			
Geriatric	Pediatric	Mental Health	Other

Personal References				
Please furnish three references with complete address. Do not list former employers or relatives. The individuals you list should have known you for at least one year				
Name	Address (include city, state and zip)	Phone Number	Business	Years Known
1.				
2.				
3.				

Applicant Authorization (Please Read Carefully)

If you have any questions regarding the following statements, please ask prior to signing.

Advantage Home Care Services does not discriminate in hiring or employment on the basis of race, color, religion, age, disability, veteran status, or status within any group protected by federal, state, or local law. No questions on this application are intended to secure information to be used for any such discriminatory purpose.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.

By signing your name below, you authorize investigation of all statements contained herein and the reference and employers listed to give you any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release ADVANTAGE HOME CARE Home Care Services from any liability for any damage that may result from the utilization of such information.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired or prosecution.

By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and ADVANTAGE HOME CARE Home Care Services. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and ADVANTAGE HOME CARE Home Care Services retains a similar right. You further understand that no representative of ADVANTAGE HOME CARE Home Care Services other than {Nursing Supervisor/Administrative Staff} has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit. You further understand this entire statement applies to the period prior to and after you may be employed.

I hereby acknowledge that I have read, understand, and agree to the above statements.

Signature of Applicant

Date

For Office Use Only

Interview Date _____
 Interviewed By _____
 Recommendation _____