

APPLICATION FOR EMPLOYMENT



We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For (PT, ST, RN, Secretary, CNA, etc.) _____ Today's Date ____ / ____ / ____

Are you seeking: Full-time Part-time Temporary employment? When could you start start? _____

_____	_____	(____)	_____
Last Name	First Name	Middle Initial	Telephone Number

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 year of age or older? Yes No (If you are hired you may be required to submit proof of age.)

Social Security # _____ - _____ - _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

In case of an emergency who should we contact

Name _____	Relationship _____	Phone Number _____
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Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No
 If yes, give details: _____
 (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

For Driving Jobs Only: Do you have a valid driver's license? Yes No
 Driver's License Number _____ State of License: _____ Class of License _____
 Have you had your driver's license suspended or revoked in the last 3 years? Yes No
 If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal age over 40, race, sex, color, religion, national origin, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS	# of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
High School or GED _____	_____	_____	_____
College or University _____	_____	_____	_____
Vocational or Technical _____	_____	_____	_____

What skills or additional training do you have that are related to the job for which you are applying? _____

Do you speak any foreign languages? _____

Initials: _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

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ADDRESS	DATES OF EMPLOYMENT: FROM TO	
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Have you worked or attended school under any other name? Yes No
 If yes, give names : _____

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

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain : _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	() _____ - _____
_____	_____	() _____ - _____
_____	_____	() _____ - _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

It is understood and agreed upon that any misrepresentation by me and in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

The Employer is an Equal opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director, or affiliate of any party), including but not limited to common law, statutory, tort, or contract claims, will be submitted to mediation, and pending settlement in mediation, to binding arbitration, Unless otherwise agreed, a mediation and arbitration designed by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company.

Signature _____ **Date** ____/____/____

This application is current for 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Professional Home Health Care.

Type of Transportation you have / will use for home visits: _____

Do you have any allergies that would affect your work at Reliant? No. Yes.

If yes, please list here: _____

How many hours are you willing to work per week? _____

Please Check (X) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Employee Reference Check

Name of first employer Professional Reference to be contacted _____ Title _____

Company Name _____ Phone _____

Reason for Leaving _____

Name of first employer Professional Reference to be contacted _____ Title _____

Company Name _____ Phone _____

Reason for Leaving _____

Initials: _____