

**GROWTH HOME HEALTH CARE
APPLICATION FOR EMPLOYMENT**

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

PERSONAL

Last Name First Middle Date

Street Address Home Phone

City, State, Zip Code Business Phone

S.S. # Date of Birth

Email Address _____

Emergency contact (person not living with you) _____

Have you ever applied for employment with this Agency? _____ Yes _____ No

How many hours a week are you available for work? _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

How did you learn of our organization? _____ Newspaper Ad _____ Agency employee _____ Other

Are you willing to work: Mornings _____ Evenings _____ Weekends _____

Position applying for: _____

Therapist (Specify) _____ Other: _____

Salary Desired: \$ _____

*Are you a part of the Full Employment (**FEP**), (**View**), or (**TANF**) program through social services? If Yes, Please Circle Which One and provide us your social workers contact information below if you have it?

Name: _____

Number / Email: _____

Education

School Name Location of School Course of Study Years Degree

Diploma

College:

Vo-Tech or Trade:

High School:

Other:

Employment

--List the last three years employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

From _____ To _____

City State Zip Code Starting Pay: _____

Job Title and Describe your work: _____ Reason for leaving: _____

2. Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

From _____ To _____

City State Zip Code Starting Pay: _____

Job Title and Describe your work: _____ Reason for leaving: _____

3. Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

From _____ To _____

City State Zip Code Starting Pay: _____

Job Title and Describe your work: _____ Reason for leaving: _____

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Was your last name different from your present name during the above listed jobs? Yes ___ No ___

If yes, what was your name? _____

Are you currently employed? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

PROFESSIONAL REFERENCES

Persons who can furnish information about job performance.

1. Name: _____ Telephone: _____

Fax: _____

Address: _____

2. Name: _____ Telephone: _____

Fax: _____

Address: _____

3. Name: _____ Telephone: _____

Fax: _____

Address: _____

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are you capable of performing the job set forth in the job description? Yes _____ No _____

If you answered No, which job requirement can you not meet? _____

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CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application **SHALL BE GROUNDS FOR DISMISSAL**

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that my result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

DATE: _____ SIGNATURE
