

EAST TEXAS HOME HEALTH

APPLICATION FOR EMPLOYMENT

It is this facilities policy to provide equal employment opportunities without regard to race, color, religion, sex national origin, age, or disability.

APPLICANT NAME: _____

LAST FIRST MIDDLE MAIDEN/OTHER

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

ARE YOU AT LEAST 18 YEARS OLD? YES NO POSITION APPLYING FOR: _____

FULL TIME PART TIME PER VISIT POOL SHIFT: DAY NIGHT EVENING WEEK-END

SALARY REQUIREMENTS: _____ DATE AVAILABLE _____

IF YOU ARE NOT A US CITIZEN, HAVE YOU THE LEGAL RIGHT TO REMAIN PERMANENTLY IN THE US? YES 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? YES NO

HAVE YOU BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES) AND/OR RELEASED FROM CONFINEMENT FOLLOWING A CONVICTION FOR ANY CRIMINAL OFFENSE WITHIN THE PAST 7 YEARS? YES 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? YES NO

IF YES, GIVE DATE, PLACE, AND NATURE OF EACH CONVICTION.

EDUCATIONAL HISTORY

| TYPE OF SCHOOL | NAME AND LOCATION OF SCHOOL | CIRCLE LAST YEAR ATTENDED | | | | GRADUATED | DEGREE |
|----------------|-----------------------------|---------------------------|----|-----|----|-----------|--------|
| | | 9 | 10 | 11 | 12 | | |
| HIGH SCHOOL | | | | | | | |
| COLLEGE | | 1 | 2 | 3 | 4 | | |
| COLLEGE | | 1 | 2 | 3 | 4 | | |
| OTHER | | FROM: | | TO: | | | |

EAST TEXAS HOME HEALTH

APPLICATION FOR EMPLOYMENT

WORK HISTORY

COMPANY NAME: _____

COMPLETE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ SUPERVISOR'S NAME: _____

MAY WE CONTACT THE SUPERVISOR? YES NO

DATE STARTED: _____ DATE LEFT: _____ FULL TIME PART TIME PER VISIT

REASON FOR LEAVING: _____

DESCRIBE YOUR JOB TITLE, RESPONSIBILITIES, AND ACCOMPLISHMENTS: _____

COMPANY NAME: _____

COMPLETE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ SUPERVISOR'S NAME: _____

MAY WE CONTACT THE SUPERVISOR? YES NO

DATE STARTED: _____ DATE LEFT: _____ FULL TIME PART TIME PER VISIT

REASON FOR LEAVING: _____

DESCRIBE YOUR JOB TITLE, RESPONSIBILITIES, AND ACCOMPLISHMENTS: _____

COMPANY NAME: _____

COMPLETE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ SUPERVISOR'S NAME: _____

MAY WE CONTACT THE SUPERVISOR? YES NO

DATE STARTED: _____ DATE LEFT: _____ FULL TIME PART TIME PER VISIT

REASON FOR LEAVING: _____

DESCRIBE YOUR JOB TITLE, RESPONSIBILITIES, AND ACCOMPLISHMENTS: _____

EAST TEXAS HOME HEALTH

APPLICATION FOR EMPLOYMENT

NAME: _____

PERSONAL REFERENCES:

NAME: _____ **TELEPHONE NUMBER:** _____ **RELATIONSHIP:** _____

NAME: _____ **TELEPHONE NUMBER:** _____ **RELATIONSHIP:** _____

NAME: _____ **TELEPHONE NUMBER:** _____ **RELATIONSHIP:** _____

NAME: _____ **TELEPHONE NUMBER:** _____ **RELATIONSHIP:** _____

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.

IN CASE OF EMERGENCY NOTIFY:

EAST TEXAS HOME HEALTH

APPLICATION FOR EMPLOYMENT

PLEASE REVIEW AND SIGN:

IN MAKING APPLICATION FOR EMPLOYMENT:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, and/or misrepresented, I understand and agree that the facility or its affiliates are 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 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 the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment, which is specific as to all material terms and is signed by myself and the Administrator of the facility.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant Signature: _____ Date: _____

| | | |
|------------------------------------|--|---------------------------------|
| FOR OFFICE USE ONLY | <input type="checkbox"/> References Checked | If Hired: Position |
| | | Start Date: _____ Salary: _____ |
| | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit | |