

Total Home Health Services

Employment Application

Applicant Information										
Full Name:					Date:					
Last				First			M.I.			
Address:					Date of birth					
Street Address					Apartment/Unit #					
City					State		ZIP Code			
Phone	Home ()		Cell ()		Fax ()		e-mail			
Date Available:		Social Security No.:			Desired Salary:		\$			
Position Applied for:										
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain:										
Education										
High School:				Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
References										
<i>Please list three professional references.</i>										
Full Name:				Relationship:						
Company:				Phone:		()				
Address:										
Full Name:				Relationship:						
Company:				Phone:		()				
Address:										
Full Name:				Relationship:						
Company:				Phone:		()				
Address:										

Previous Employment

Company:				Phone:	()	
Address:				Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:				Phone:	()	
Address:				Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:				Phone:	()	
Address:				Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Military Service

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

List and special training, experiences, skills or additional information you feel may be helpful to us in considering your application

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:				Date:	
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Office use

Position offered Yes No **Date of hire** _____
References checked Yes No **Returned** Yes No