



**EMPLOYMENT INFORMATION**

Position(s) applying for: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Are you available to work:    Full-time             Part-time             Temporary

Hours available to work: \_\_\_\_\_

How did you learn of our Agency? \_\_\_\_\_

**EDUCATION/TRAINING**

Circle the highest grade level completed in school:    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16+  
 High School Diploma or G.E.D.?    Yes     No

Give the following information about the schools you have attended:

SCHOOL	NAME & LOCATION	DEGREE	COURSE OF STUDY/MAJOR
High School			
College/ University			
Graduate School			
Business/ Trade School			
Other			

List or describe any school courses, specialized training, or apprenticeship programs that relate to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

Licenses, trade or professional registrations, honors, awards, fellowships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any clubs, organizations, or community service that contribute to your qualifications for the position for which you are applying, as well as dates of membership and offices held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT HISTORY

Beginning with your present job (or immediate past job if unemployed) give the following information:

A. Company \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Specific duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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B. Company \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Specific duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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C. Company \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Specific duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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D. Company \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Specific duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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List or describe any work activities not stated above that are related to the position for which you are applying:

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**Skip this section if not applicable**

Have you ever supervised other employees? Yes  No  If yes, indicate in which job, the number of employees and the extent of your responsibility:

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**SKILL INVENTORY**

**Skip this section if not applicable:**

Indicate ability to complete the following tasks:

- A.  Type WPM \_\_\_\_\_ C.  Word Processing E.  Data Entry  
B.  Bookkeeping/accounting D.  Spreadsheets

List any tools, machines, or equipment you can operate: \_\_\_\_\_

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List any other skills you have: \_\_\_\_\_

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The space below can be used to give any additional information you believe is pertinent to this application.

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**READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW:**

I hereby certify that all the statements contained here are true to the best of my knowledge and I understand that omissions or misstatements may be used for rejection of this application, removal of my name from eligibility, or discharge from service. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that a Criminal Background Check will be conducted following an offer of employment and my employment is contingent upon its results. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

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Applicant Signature

Date

# PROFESSIONAL REFERENCES

Please provide us with the names of three professional references whom we may contact for a personal or employment reference. Be sure to complete the consent portion at the bottom of this form and sign the Request for References form. Thank you.

## REFERENCE 1

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

## REFERENCE 2

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

## REFERENCE 3

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

### **Applicant's Consent to Release Information**

I hereby authorize the release of any and all information concerning me to Homecare & Hospice, Inc. In so doing, I hereby provide consent to and release the contacted individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information. A copy of the authorization shall be considered as valid as the original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Other (Former) Name

\_\_\_\_\_  
Social Security Number

# REQUEST FOR REFERENCES

You have been listed as a REFERENCE by the applicant listed below who has applied for employment with our Agency. We ask that you verify and complete this form at your earliest convenience and return it to our office. Your assistance is crucial as we place great importance on thorough screening of our applicants. Thank you for taking the time needed to complete this reference form.

\_\_\_\_\_  
Supervisor (Signature If Applicable)

\_\_\_\_\_  
Title

Name of Company: \_\_\_\_\_

I hereby authorize the release of any and all information concerning me to Homecare & Hospice. In so doing, I hereby release the contacted individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information. A copy of this authorization shall be considered as valid as the original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Name of Applicant (print) \_\_\_\_\_

Other (Former) Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

	EXCELLENT	GOOD	FAIR	POOR
Job Knowledge				
Ability to communicate with co-workers				
Ability to communicate with clients/customers				
Ability to follow instructions				
Honesty				
Initiative				
Appearance				
Dependability				
Punctuality				

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Eligible for re-employment: Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain: \_\_\_\_\_

General Comments: \_\_\_\_\_

Date Reference was called: \_\_\_\_\_ If Reference was not reached, date(s) VM was left: \_\_\_\_\_