

CARDINAL HOME HEALTH, LLC Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date of Application ____/____/____
Last name _____ First name _____ Middle name _____
Street Address _____
City _____ State _____ ZIP _____
Telephone _____ Social Security # _____
Date of Birth ____/____/____ Email: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work swing shift? Yes No

Are you willing to work graveyard? Yes No

Are you currently employed? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please describe conditions. _____

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment here? Yes No

When? _____ Where? _____

Have you ever been employed by this company? Yes No

When? _____ Where? _____

Are you presently employed? Yes No May we contact your present employer? Yes No

Are you available for full-time work? Yes No Are you available for part-time work? Yes No

Will you relocate? Yes No Are you willing to travel? Yes No If yes, what percent? _____

Desired salary _____ Date you can start _____

Please list applicable skills _____

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Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies? Yes No

If yes, where and what courses of study?

Licenses and Credentials

LICENSE / CREDENTIAL	ISSUED BY	ORIGINAL ISSUE DATE	EXPIRATION DATE

Employment History (Start with most recent employer)

Company Name _____

Address _____ Phone _____

Date Started ____/____/____ Wage _____ Starting Position _____

Date Ended ____/____/____ Wage _____ Ending Position _____

Responsibilities _____ Reason for leaving _____

Name of Supervisor _____ May we contact? Yes No

OFFICE USE ONLY:
 Above information verified on ____/____/____ by _____/_____
 (AGENCY Name / Signature or Initials)

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Company Name _____

Address _____ Phone _____

Date Started ____/____/____ Wage _____ Starting Position _____

Date Ended ____/____/____ Wage _____ Ending Position _____

Responsibilities _____ Reason for leaving _____

Name of Supervisor _____ May we contact? Yes No

OFFICE USE ONLY:

Above information verified on ____/____/____ by _____/_____
(AGENCY Name / Signature or Initials)

Company Name _____

Address _____ Phone _____

Date Started ____/____/____ Wage _____ Starting Position _____

Date Ended ____/____/____ Wage _____ Ending Position _____

Responsibilities _____ Reason for leaving _____

Name of Supervisor _____ May we contact? Yes No

OFFICE USE ONLY:

Above information verified on ____/____/____ by _____/_____
(AGENCY Name / Signature or Initials)

Company Name _____

Address _____ Phone _____

Date Started ____/____/____ Wage _____ Starting Position _____

Date Ended ____/____/____ Wage _____ Ending Position _____

Responsibilities _____ Reason for leaving _____

Name of Supervisor _____ May we contact? Yes No

OFFICE USE ONLY:

Above information verified on ____/____/____ by _____/_____
(AGENCY Name / Signature or Initials)

Company Name _____

Address _____ Phone _____

Date Started ____/____/____ Wage _____ Starting Position _____

Date Ended ____/____/____ Wage _____ Ending Position _____

Responsibilities _____ Reason for leaving _____

Name of Supervisor _____ May we contact? Yes No

OFFICE USE ONLY:

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References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

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