



PERSONAL DATA

Date _____

Name _____
Last Name First Name Initial

Present Address _____
Street Number and Name

_____ City State Zip Code

Date of Birth: ____/____/____
Month Day Year

Social Security # _____

Telephone () _____

Cell phone () _____

E-mail: _____

Are you a U.S. Citizen? Yes No

If not, are you eligible to accept permanent employment in this country? Yes No

Can you submit proof of your legal right to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please give the date, location, and disposition of your case:

IN CASE OF EMERGENCY PLEASE CALL:

Name: _____ Relationship: _____ Business Phone: _____

Address: _____ Home Phone: _____

POSITION DESIRED

Position(s) applied for _____ Salary Requirement _____

Date available _____

I understand employment will be granted only upon the successful completion of a criminal background check.

How did you become aware of the position for which you are applying? Please give the name of the individual or source.

Type of employment sought: Full – time Part – time Per diem

Days and hours preferred: _____

Do you have a reliable method of transportation? Yes No

EDUCATION AND TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4

| Schools | Name & Location | Date Attended | Graduate? | | Hrs | Major/Minor Course of Study | Degree Rec'd |
|---|-----------------|---------------|-----------|--|-----|-----------------------------|--------------|
| High School | | | Yes | | | | |
| | | | No | | | | |
| College(s) | | | Yes | | | | |
| University(s) | | | No | | | | |
| Graduate or Professional | | | Yes | | | | |
| | | | No | | | | |
| Other educational Vocational school Internships, etc. | | | Yes | | | | |
| | | | No | | | | |

EDUCATION AND TRAINING Continued

Courses, seminars, or training programs you have completed that are relevant to the position you seek:

List fields of work for which you are licensed, registered, or certified. Please include numbers, dates, and sources of issuance.

_____ Number: _____

_____ Number: _____

If you are licensed, has your license ever been revoked or suspended or are you currently involved in any proceeding that could affect your license or certification? Yes No

If yes, please give the date, location, and disposition of your case. _____

EMPLOYMENT HISTORY – (beginning with most current) (Must be completed in full)

Are you presently employed? Yes No

May we contact your present employer? Yes No

| From | To | Name and Address of Employer | | | Job Title & Duties |
|-----------------|--------------|------------------------------|-------|-----------|--------------------|
| Mo./Yr. | Mo./Yr. | Name | | | |
| | | Address | | | |
| Starting Salary | Final Salary | City | State | Ph. _____ | |
| | | Supervisor | | Ph. _____ | Reason for Leaving |
| From | To | Name and Address of Employer | | | Job Title & Duties |
| Mo./Yr. | Mo./Yr. | Name | | | |
| | | Address | | | |
| Starting Salary | Final Salary | City | State | Ph. _____ | |
| | | Supervisor | | Ph. _____ | Reason for Leaving |
| From | To | Name and Address of Employer | | | Job Title & Duties |
| Mo./Yr. | Mo./Yr. | Name | | | |
| | | Address | | | |
| Starting Salary | Final Salary | City | State | Ph. _____ | |
| | | Supervisor | | Ph. _____ | Reason for Leaving |
| From | To | Name and Address of Employer | | | Job Title & Duties |
| Mo./Yr. | Mo./Yr. | Name | | | |
| | | Address | | | |
| Starting Salary | Final Salary | City | State | Ph. _____ | |
| | | Supervisor | | Ph. _____ | Reason for Leaving |

REFERENCES (PLEASE DO NOT LIST RELATIVES)

| Name & Occupation | Address | Phone # |
|-------------------|---------|---------|
| | | |
| | | |
| | | |

Please use the space provided below to list any additional information necessary to describe your qualifications (i.e., specialty areas such as OB/GYN, ICU, typing speed, computer software programs, special equipment).

Do you speak, read or write in any language other than English?

Yes No If yes, please describe _____

I hereby certify that all the information I have provided are true to the best of my knowledge and agree to have any of the statements checked by First Choice Home Care, Inc. unless I have indicated otherwise.

I am aware that a more detailed investigation concerning background and credit checks will be performed, and I hereby authorize such an investigation.

I agree to wear or use all personal protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that any falsification, misrepresentation, or omission can be grounds for refusal of employment and/or termination of employment.

I understand that employment is contingent upon the successful completion of reference checks, background investigation and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will, and either First Choice Home Care, Inc. or I may terminate the relationship at any time.

Applicant's Signature _____ Date _____