

**Employment Application**

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

OTHER NAME USED IN EMPLOYMENT: \_\_\_\_\_

REFERENCES SENT 1 \_\_\_\_\_ 2 \_\_\_\_\_

RECEIVED 1 \_\_\_\_\_ 2 \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

Last Name	Middle	First
_____		
Street Address: _____		
Home Phone: _____		Business Phone: _____
City: _____	State: _____	Zip Code: _____

AVAILABLE: Full Time: \_\_\_\_\_ Part Time \_\_\_\_\_ Contract: \_\_\_\_\_

SHIFTS WILLING TO WORK: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Weekend: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_

IF ON A VISA, WHAT TYPE? \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

EXPIRATION DATES: Health Card: \_\_\_\_\_ CPR Card: \_\_\_\_\_

ACLS CERTIFICATION DATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes \_\_\_\_\_ No \_\_\_\_\_

Conviction of a crime is not an automatic bar to employment, other factors such as the nature and date of the crime will be taken into consideration.

IF YES, GIVE DATE AND DETAILS: \_\_\_\_\_

**ALPHA CARE HOME HEALTH**

<b>EDUCATION</b>			
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Type of School:	Name & Location	Major	Degrees Obtained & Date
High School			
College			
Other Education or Special Training			
Other Education or Special Training			

See Resume Attached

<b>WORK EXPERIENCE</b>					
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DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
FROM	TO			POSITION	WORK PHONE	
					STARTING PAY	
				SUPERIOR & TITLE	FINAL PAY	

DESCRIBE DUTIES/RESPONSIBILITIES:

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DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
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					STARTING PAY	
				SUPERIOR AND TITLE	FINAL PAY	

DESCRIBE DUTIES/RESPONSIBILITIES:

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**ALPHA CARE HOME HEALTH**

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this is not a contract, offer, or promise of employment and that if hired, I can be terminated at will, with or without cause, with or without notice, at any time and for any reason, at the option of either Alpha Care Home Health or myself. I further understand that no supervisor, manager, official of representative Alpha Care Home Health and its related entities has the authority to enter into an employment contract or make any agreement, orally or in writing, contrary to the foregoing.

I have read, understand, and agree to this statement \_\_\_\_\_ (please initial here).

Alpha Care Home Health in considering my application for employment may verify the information set forth on this application, related papers or oral interviews and obtains additional background information relating to my background. I authorize all persons, schools, companies, corporations, law enforcement agencies and doctors to supply any information concerning my background that they may have whether or not it is on their records. I hereby release them and their company from all liability for divulging same. A photographic copy of this authorization shall be as valid as the original. If any of my given information is found to be false or misleading, I understand that I will be subject to dismissal at any time during the period of my employment without liability for wages or salary except such as may have been earned at date of such termination and I agree to hold Alpha Care Home Health and persons named herein blameless in that event.

I have read, understand and agree to this statement (please initial here). \_\_\_\_\_

Alpha Care Home Health is an equal opportunity employer and does not discriminate in its recruiting, selecting and hiring procedures because of race, color, gender, religion, national origin, age, sexual orientation or disability status nor does it discriminate with regard to Veteran status.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_