

APPROVE HOME MEDICAL SERVICES: \_\_\_\_ CARING HANDS HOSPICE: \_\_\_\_ PROFESSIONAL HOME CARE: \_\_\_\_

Employment Application (An Equal Opportunity Employer)

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Maiden Name: (if applicable)			Social Security Number		
Street Address				Apartment/Unit #	
City			State	ZIP	
Phone		Cell Phone		Email	
Date Available to start:		Position Applied For		Desired Salary	
Professional License Number (if applicable)					
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 or affiliates?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court??		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you able to perform the essential job functions of the position you are applying with or without reasonable accommodations? (see job description)		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If hired, will you be able to work overtime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

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 two personal references that you are not related to.</i>	
Full Name	Years Acquainted
Address	Phone ( )
How Acquainted	
Full Name	Years Acquainted
Address	Phone ( )
How Acquainted	

PREVIOUS EMPLOYMENT-LIST 3 MOST RECENT						
Company			Phone	( )		
Address			Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				

<b>Company</b>				Phone	( )
Address				Supervisor	
Job Title		Starting Salary		\$	Ending Salary \$
Responsibilities					
From		To		Reason for Leaving	
<b>Company</b>				Phone	( )
Address				Supervisor	
Job Title		Starting Salary		\$	Ending Salary \$
Responsibilities					
From		To		Reason for Leaving	
<b>GENERAL</b>					
Subjects of special study or special skills					
Special Skills-computer, etc.					
U.S. Military or Naval Service		Rank		Present membership in National Guard or Reserves	
Activities: (Civic, Athletic, etc.)					
Please exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members					
<b>EMERGENCY CONTACT INFO</b>					
Name		Address		Phone	Alternate Phone
<b>DISCLAIMER AND SIGNATURE</b>					
I certify that my answers are true and complete to the best of my knowledge.					
I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position.					
If employed I will be required to provide original documents which verify my identity and right to work in the United States under Immigration Reform and Control Act (IRCA) of 1986. The documents provided will be used for the completion of Form I-9.					
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal. My employment here is for no definite period and may be terminated at any time without prior notice and without cause per Arkansas state law.					
I hereby acknowledge that I have read and agree to the above statements.					
Signature				Date	

Do not write below this line

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
See attached interview questions

Hired: ( ) Yes ( ) No Position: \_\_\_\_\_ Part time ( ) Full Time ( ) Salary/Wage: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Title

Date reporting to work: \_\_\_\_\_

CC: HR ( ) Accts payable ( )

Approve Home Medical Services: PH: 800-822-8232 Fax: 870-698-1044

Caring Hands Hospice: PH: 870-698-0505, Fax: 870-698-1044

Professional Home Care: PH: 870-698-0797 Fax: 870-698-1057