



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Social Security No. _____ - _____ - _____ Phone _____ Mobile _____

How were you referred to us? _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY PER DIEM (AS NEEDED)

When available for work? _____

Professional License: _____ Expires _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

APPLICATION FOR EMPLOYMENT

References Please list two **professional** references:

REFERENCE #1 **Applicant – please fill out this box**

Name of Company	Name of reference	Phone Number () -
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FOR OFFICE USE ONLY

References obtained by: _____ Date _____

Information given by: _____ Title: _____

Hire Date: _____ Termination Date: _____ Position Held: _____ Eligible for Rehire? ___

Reason for leaving: _____

Overall work performance: _____

Interpersonal skills: _____

Attendance/Reliability: _____

Ability to accept constructive feedback: _____

Major strengths: _____

Weaknesses: _____

Clinical Skills (If applicable): _____

Clerical Skills (If applicable): _____

Comments: _____

REFERENCE #2 **Applicant – please fill out this box**

Name of Company	Name of reference	Phone Number () -
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References obtained by: _____ Date _____

Information given by: _____ Title: _____

Hire Date: _____ Termination Date: _____ Position Held: _____ Eligible for Rehire? ___

Reason for leaving: _____

Overall work performance: _____

Interpersonal skills: _____

Attendance/Reliability: _____

Ability to accept constructive feedback: _____

Major strengths: _____

Weaknesses: _____

Clinical Skills (If applicable): _____

Clerical Skills (If applicable): _____

Comments: _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Haven Home Health (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Haven Home Health, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO/COO of the Company. Both the undersigned and Haven Home Health may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand the Drug-Free Workplace Policy of Haven Home Health establishes conditions under which I may be required to provide a breath, blood or urine sample for drug and/or alcohol testing. If one of these conditions occurs, I hereby consent to such testing. I authorize the testing laboratory to release my test results to the Agency Administrator and/or to the designated supervisors on a need to know basis. If there is a positive test result, I understand that the Administrator may ask me to provide, and I agree to provide, information about any legal non-prescription drugs and other drugs for which I have a prescription that I take routinely or have taken within the last thirty days. I understand that any communication I may have with the collection site personnel, testing laboratories or Administration does not create or imply a physician/patient relationship.

I understand that, in connection with the routine processing of your employment application, the Company may conduct a background check and/or investigative consumer report to review any and all information which may be pertinent to my qualifications.

I further understand that if I am offered employment, I may be required to submit to a physical examination designed to determine if I am able, with or without reasonable accommodation, to perform the essential functions of the job offered, as specified by the Company, and that continued employment is conditioned upon my passing the examination. I further understand that any misrepresentation of information or failure to disclose information at the time of the physical may result in employment disqualification or dismissal.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

FOR OFFICE USE ONLY: Accepted Rejected If rejected, why? _____