

**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)					
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Cell Phone			
Date Available to start:		Social Security Number		Desired Salary	
Position Applied for					
Professional license number if applicable:				Have you ever had any restrictions on license or been disciplined by licensing board?	
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 felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

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 whom you are not related to.</i>	
Full Name	Years Acquainted
Company	Phone ( )
Address	
Full Name	Years Acquainted
Company	Phone ( )
Address	

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

May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Last name while employed if different:	
<b>Company</b>			Phone	( )	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Last name while employed if different:	
<b>Company</b>			Phone	( )	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Last name while employed if different:	
<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.					
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.					
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