

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:	
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:	
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:	
GENERAL					
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					
EMERGENCY CONTACT INFO					
Name		Address		Phone	Alternate Phone
DISCLAIMER AND SIGNATURE					
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