



# Employment Application

**Availability: check all that you could work**

Mon \_\_\_ Tues \_\_\_ Weds \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Day hours \_\_\_ Evening hours (5-9P) \_\_\_ ghts (9P-12MN) \_\_\_ overnights \_\_\_ live-in \_\_\_

Date of Application: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Type of Employment Desired:  Per Diem Number of Hours: \_\_\_\_\_

Part Time Number of Hours: \_\_\_\_\_

Full Time Number of Hours: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ Home Phone Number  
 ( ) \_\_\_\_\_ Cell Phone Number or  
 ( ) \_\_\_\_\_ Work Phone Number

Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Language skills other than English (written/spoken) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you ever been employed here before? Yes or No If yes, when? \_\_\_\_\_

Are you legally eligible for employment in the US?  Yes  No

If not legal citizen: Do you have a green card?  Yes  No

Do you have a social security card?  Yes  No

Has your visa expired?  Yes  No

### REFERAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad \_\_\_\_\_ Which newspaper?  Internet \_\_\_\_\_ Which site?

Current Employee \_\_\_\_\_ We'd like to thank them

Other \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

Work Phone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_

Primary Home Healthcare LLC an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.



**Employment History - Please begin with your most recent or current place of employment.**

Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School:	_____			
College:	_____			
Other:	_____			
Other:	_____			

**Military Service**  
 Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
 Highest Rank Achieved: \_\_\_\_\_ Currently in a Reserve Unit? Yes / No  
 Special Schooling and/or Duties: \_\_\_\_\_

Licenses and Certifications	License or Certification	ID Number	Expiration Date	State
1.	_____			
2.	_____			
3.	_____			

**Criminal History**

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes  No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_