

Loving Care

Hospice and Home Health



Notice to applicants and employees:
Screening tests for illegal drug use will be required before hiring and during your employment here. All job offers are contingent upon screening results.



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Date: _____

Name: _____ Social Security #: _____
Last First Middle Initial

Address: _____
Street City State Zip

Telephone #: (Home) _____ (Cell) _____

E-mail address: _____

Do you have the legal right to work in the United States? Yes No

Are you over the age of 18? Yes No

Upon hire, can you provide proof of age? Yes No

Have you been convicted of a felony or misdemeanor in the past 10 years? Yes No

If the answer is Yes, give details: _____

In case of emergency notify: _____
Name Phone

EMPLOYMENT INTERESTS AND SKILLS

Position Applied for: _____ Date you can start: _____

Who referred you? _____ Expected salary: _____

Have you worked for Loving Care in the past? Yes No If yes, when? _____

Type of Employment: Full Time Part Time Flex/PRN Availability (Please include # of hours per day/time of day):
M_____T_____W_____Th_____
F_____Sa_____Su_____

EDUCATION

Did you graduate from high school? Yes No

If no, what is the highest grade that you completed? _____

Have you received your G.E.D.? _____

Did you attend college? Yes No

If yes, did you graduate? Yes No If yes, what degree did you earn? _____

List any skills/certifications/licensures that would qualify you for the position: _____

List any additional training or schooling: _____

EMPLOYMENT EXPERIENCE

All applicants must provide the following information on all employers during the past 3 years, for any unemployed or self-employed periods, show dates and location. List in reverse order beginning with present employer.

Date (Month/Year)	Name/Address of Employer	Phone # (Required)	Position	Salary	Reason for Leaving	May we Contact for reference?
To:						
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						
From:						

PERSONAL REFERENCES

List the names of three persons not related to you, whom you have known at least one year

Name	Relationship	Phone #	E-mail

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, or any other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and any other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Interviewed by: _____ Date: _____

Applicant status: **Hired** **Rejected** Date of Employment: _____

Position: _____ Salary: _____

Signature of Authorized Representative: _____