

# APPLICATION FOR EMPLOYMENT

Equal Access to programs, services and employment is available to everyone. Those applicants requiring accommodation to the application and/or interview process should notify the Human Resources Department

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Are you legally eligible for work in this country?.....Yes / No

Have you ever been employed here before? (If yes, give dates and title).....Yes / No

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired Salary Range:.....\$ \_\_\_\_\_

Type of employment desired Full Time Part Time Temp Per Diem

Are you able to meet the attendance requirements of the position?.....Yes / No

Have you ever pled "guilty" or "No Contest" to, or been convicted of a crime?.....Yes / No

If yes, please provide details \_\_\_\_\_

Answering yes to these questions does not constitute an automatic bar to employment, factors such as offense, seriousness and nature of the violation and positions applied for will be taken into consideration.

Do you possess a Valid State Drivers License?.....Yes / No

How did you hear about Atlantic Home Health, Inc.? \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide the following information of your past three (3) employers, assignments or volunteer activities starting with the most recent

(1) FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ EMPLOYER: \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_

SUPERVISOR/TITLE \_\_\_\_\_ JOB RESPONSIBILITIES/NATURE OF WORK \_\_\_\_\_

MAY WE CONTACT FOR REFERENCE?

YES NO LATER

REASON FOR LEAVING? \_\_\_\_\_ HOURLY RATE/SALARY \_\_\_\_\_

START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

(2) FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ EMPLOYER: \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_

SUPERVISOR/TITLE \_\_\_\_\_ JOB RESPONSIBILITIES/NATURE OF WORK \_\_\_\_\_

MAY WE CONTACT FOR REFERENCE?

YES NO LATER

REASON FOR LEAVING? \_\_\_\_\_ HOURLY RATE/SALARY \_\_\_\_\_

START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

(3) FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ EMPLOYER: \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_

SUPERVISOR/TITLE \_\_\_\_\_ JOB RESPONSIBILITIES/NATURE OF WORK \_\_\_\_\_

MAY WE CONTACT FOR REFERENCE?

YES NO LATER

REASON FOR LEAVING? \_\_\_\_\_ HOURLY RATE/SALARY \_\_\_\_\_

START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform the position applied for.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

NAME OF SCHOOL	# YRS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

**REFERENCES**

NAME	TELEPHONE	#YRS KNOWN

**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.



**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_