

**APPLICATION FOR EMPLOYMENT**

**PERSONAL**

**Applicant Name**

\_\_\_\_\_

(Last, First, Middle, Maiden)

**Applicant Former Name(s)**

\_\_\_\_\_

(Last, First, Middle)

**Address** \_\_\_\_\_

(Street, Apt#, City, State, Zip)

**Home Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

Have you ever completed an Alliance Home Health/Hospice application before? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you lawfully prevented from being employed in the U.S. because of visa or immigration Status?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (proof of citizenship or immigration status will be required upon employment)

Have you ever served in the U.S. Armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted of, or have you plead guilty or nolo contendere (no contest) in order to qualify for deferred adjudication for, a felony offense? If yes, please explain. (Answering "yes" will not automatically bar you from employment.) Yes \_\_\_\_\_ No \_\_\_\_\_

**FOREIGN LANGUGES** Please list any foreign you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

**JOB INTEREST**

Position(s) desired: \_\_\_\_\_

Date Available \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

How did you learn of job opening(s): \_\_\_\_\_

Minimum starting salary expected \_\_\_\_\_ per Hr \_\_\_\_\_

**RESIDENCES IN THE LAST 5 YEARS** (Use last page if necessary)

Address

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(Street, Apt #, City, State, Zip, How long)

Address

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(Street, Apt #, City, State, Zip, How long)

Address

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(Street, Apt #, City, State, Zip, How long)

**EDUCATION RECORD**

TYPE of school	Name, City, State	Graduated	Degree & Major
High School		Yes__ No__	
College		Yes__ No__	
Post Graduate		Yes__ No__	
Technical or Vocational		Yes__ No__	
Other		Yes__ No__	

List courses in which presently enrolled: \_\_\_\_\_

**PROFESSIONAL LICENSES / CERTIFICATIONS**

Type	State Issued	Expiration Date	Number

List any professional organizations of which you are a member:

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Please comment on any experience, skills, or qualifications you have which would be of value to our agency:

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## **WORK EXPERIENCE**

\*Name & address of present / prior employers must be complete.

\* **Employer** \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

\*Address \_\_\_\_\_  
(Street / PO Box, City, State, zip)

From \_\_\_\_\_ To \_\_\_\_\_ Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Mo. / Yr. Mo. / Yr.

Position / Title \_\_\_\_\_ Supervisor's Name / Title \_\_\_\_\_

Briefly describe your duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Person we may contact for references \_\_\_\_\_ May we contact employer? Yes \_\_\_\_\_ No \_\_\_\_\_

\* **Employer** \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

\*Address \_\_\_\_\_  
(Street / PO Box, City, State, zip)

From \_\_\_\_\_ To \_\_\_\_\_ Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Mo. / Yr. Mo. / Yr.

Position / Title \_\_\_\_\_ Supervisor's Name / Title \_\_\_\_\_

Briefly describe your duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Person we may contact for references \_\_\_\_\_ May we contact employer? Yes \_\_\_\_\_ No \_\_\_\_\_

\* **Employer** \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

\*Address \_\_\_\_\_  
(Street / PO Box, City, State, zip)

From \_\_\_\_\_ To \_\_\_\_\_ Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Mo. / Yr. Mo. / Yr.

Position / Title \_\_\_\_\_ Supervisor's Name / Title \_\_\_\_\_

Briefly describe your duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Person we may contact for references \_\_\_\_\_ May we contact employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Read Carefully:**

I authorize investigation of all statements contained in the application blanks if I am considered for employment. I also authorize, unless otherwise indicated, previous employers name, or any other person to whom Alliance Home Health, Hospice & Home Assist may refer, to give any and all information regarding my employment or scholastic standing together with any other pertinent information.

I understand that misrepresentation or omission of the facts requested will be sufficient cause for cancellation of this application and /or dismissal from the agency's services if I have been employed, I also understand that I must abide by all rules and regulations of Alliance Home Health, Hospice & Home Assist.

I further understand and agree that if I am employed, my employment will be on an orientation basis for a specified period of time. In addition, I may be discharged, for my inability to adapt myself to the requirements and duties of my employment.

I further understand and agree that employment with Alliance Home Health, Hospice & Home assist is "at will" and that Alliance Home Health, Hospice & Home Assist or I can terminate employment with or without cause at any time. I understand that receipt of this application by Alliance Home Health, Hospice & Home Assist does not imply employment and that this application or any other Alliance Home Health, Hospice & Home Assist documents are not contracts of employment.

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_