

**EQUAL OPPORTUNITY
EMPLOYER**

**ACCREDITED HOME CARE
EMPLOYMENT APPLICATION**

Personal Data

Legal Name (Last, First, M.I.)		Social Security		Position Applying For	
Is there any additional information relative to change of name, use of an assumed name, or nickname necessary to permit a background check of your work and education records? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide any past name(s) and date(s) used so we may verify employment and education.					
Name	From: / /	To: / /	Name	From: / /	To: / /
Address (List all addresses from the past 7 years.)					
Current Address	Street	City	State	Zip Code	Years At Address
Previous Address	Street	City	State	Zip Code	Years At Address
Home Telephone No.	Current Work Telephone No. (Calls kept confidential)		Cellular Telephone No.		
Email Address		Can you produce evidence of the right to work while in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contingent		When will you be available for work?	Have you ever held a position with the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? What Position?		

Education

School Name (City, State Required)	Major/Minor	Graduate	Type of Degree	Grade Point Average
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Licenses, Certifications (Include agency and/or state of issue if applicable.)				

Employment (List all employment during the past 10 years. If you need more space use additional paper.)

(1) Employer's Name	Address	Street	City	State	Zip Code
Job Title	Supervisor's Name/Title		Supervisor's Telephone No.		Dates of Employment (mm/yy) From / To /
Beginning Compensation Base Salary / Wages	Ending Compensation Base Salary / Wages		Reason For Leaving		
(2) Employer's Name	Address	Street	City	State	Zip Code
Job Title	Supervisor's Name/Title		Supervisor's Telephone No.		Dates of Employment (mm/yy) From / To /
Beginning Compensation Base Salary / Wages	Ending Compensation Base Salary / Wages		Reason For Leaving		
(3) Employer's Name	Address	Street	City	State	Zip Code
Job Title	Supervisor's Name/Title		Supervisor's Telephone No.		Dates of Employment (mm/yy) From / To /
Beginning Compensation Base Salary / Wages	Ending Compensation Base Salary / Wages		Reason For Leaving		
(4) Employer's Name	Address	Street	City	State	Zip Code
Job Title	Supervisor's Name/Title		Supervisor's Telephone No.		Dates of Employment (mm/yy) From / To /
Beginning Compensation Base Salary / Wages	Ending Compensation Base Salary / Wages		Reason For Leaving		

Branch of Service	Rank	Type of Discharge	Special Skills of Training Acquired in Service
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Computer Skills

Typing _____ wpm	List software packages with which you have experience.
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Languages

Language	<input type="checkbox"/> Speak	Language	<input type="checkbox"/> Speak	Language	<input type="checkbox"/> Speak
	<input type="checkbox"/> Read		<input type="checkbox"/> Read		<input type="checkbox"/> Read
	<input type="checkbox"/> Write		<input type="checkbox"/> Write		<input type="checkbox"/> Write

Background Information

When completing this section, do not disclose information regarding convictions that have been judicially erased, sealed, expunged, eradicated, impounded or dismissed. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction record does not automatically bar you from employment. All of the job-related circumstances surrounding convictions will be considered.

1. Have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any felony? _____

2. Have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any misdemeanor? _____

3. Are you currently on probation? _____

5. If you answered Yes to any of the questions above, please explain the number of convictions, how recent the offense(s), and sentence imposed :

Business References (Provide two references other than relatives or employers.)

Name	Job Title	Addresses	Telephone No.

How Were You Referred to the Agency?

Print Advertisement _____ Internet _____

Employee Referral (Name) _____ Other _____

PLEASE INDICATE YOUR SCHEDULE AVAILABILITY, TRAVEL AVAILABILITY AND SKILLS

Please circle days available per week M T W TH F SAT SUN Comments: _____

Please indicate times available per day: _____

Number of weekends available to work per month: _____

What locations (area, cities) are you willing to work? _____

Willing to drive _____ miles each way to work Clinical Experience: _____ Home Care _____ Hospital: _____ ICU _____ Other _____

Agreement

GENERAL INFORMATION I understand making false statements or omitting pertinent facts on this application is sufficient cause for rejection of this application or dismissal from employment. I understand the issuance of this application does not in any way obligate the Company to hire me. If hired, I am willing to abide by all present and future rules and regulations of the Company. I understand that my employment can be terminated with or without cause and with or without notice at any time at the option of either the Company or myself subject to applicable laws. I also understand no representative has the authority to guarantee employment for any specified period of time or to make any agreement contrary to the foregoing (with the exception of the company's President/CEO, in writing). I declare my answers to the questions on this application are true.

RELEASE OF PERSONAL INFORMATION I hereby authorize the Company to collect, use, store, transfer, and purge my personal information. I understand that I can request additional information on the purpose, use, and choices related to the personal information that I provide.

RELEASE FOR REFERENCES CHECKS I authorize the Company to contact my previous employers for work-related references.

RELEASE FOR BACKGROUND SCREENING I authorize the Company to verify any information that I provide in connection with my employment. I release the Company and its authorized representatives of all liability resulting from the use of background information about me for employment purposes.

_____ Applicant's Signature _____ Date