

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____
Address _____ City/State/Zip _____
Telephone _____ Cellular _____ Fax _____
Location to work within _____ Soc Sec. last 4 (XXX-XX-_____) _____ E-Mail _____
Position Applied For _____ Referral Source _____
Desired Salary Range _____ Availability (Days/Hours) _____

EMPLOYMENT HISTORY

Provide the following information of your past and current employers/assignments/volunteer activities, starting with the most recent.

Employer's Name _____ Position Held/Job Title _____
Address _____ City/State/Zip _____
Telephone _____ From _____ To _____
Duties _____

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Telephone _____ From _____ To _____
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EDUCATIONAL BACKGROUND

List the last three (3) institutions (schools/colleges/universities) attended, starting with the most recent.

Institution Name _____ Course study/Degree _____
Address _____ From _____ To _____

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Address _____ From _____ To _____

SKILLS & QUALIFICATIONS

Summarize any special job-related skills and qualifications acquired from previous employment or other experiences.

REFERENCES - PERSONAL/PROFESSIONAL

Please list three (3) references we may contact. Do not include family members.

Name	_____	Telephone	_____	Number of years known	_____
Name	_____	Telephone	_____	Number of years known	_____
Name	_____	Telephone	_____	Number of years known	_____

APPLICANT STATEMENT

I certify that all the 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 (1) cancel further consideration of this application, or (2) discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer and its representatives or agents, to contact and obtain any information from all references (personal and professional), employers, public agencies, licensing authorities, professional license 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 and its representatives, agents or employees, for seeking and/or gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such 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 limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal laws.

I understand that this application remains current for only 90 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 re-apply 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. The employer reserves the same 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 assurance to the contrary and that no implied oral or written agreement contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.

I understand that the company will be required to perform a level I and/or level II criminal background check.

A final employment offer will not be extended until the results from the state background, sex offender, and OIG verification is done.

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 and I-9 form.

Total Private Houston Home Health provides a safe and productive work environment for all employees. It is the policy of the company that the employees will not be involved with the unlawful use, possession, sale, or transfer of drugs or narcotics in any manner that may impair ability to perform assigned duties. Otherwise adversely affect company operations.

DO NOT SIGN UNTIL YOU HAVE READ AND AGREE TO THE APPLICANT STATEMENT LISTED ABOVE.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICATION STATEMENT.

APPLICANT SIGNATURE

DATE

REQUEST FOR EMPLOYMENT REFERENCE

ATTN: HUMAN RESOURCES DEPARTMENT FROM: HUMAN RESOURCES DEPARTMENT
COMPANY: _____ COMPANY: The Roads Home Health
PHONE: _____ PHONE: _____
FAX: _____ FAX: _____

To whom it may concern:

The applicant listed below has provided your name as an employment reference. Your assistance is very important in the screening of our applicants. At your earliest convenience, please complete "Section 2" of this form. The information is **CONFIDENTIAL**

When you have completed the form, please fax it or mail it to the address/fax number listed above. Should you have any questions or concerns, please do not hesitate in contacting me.

Your attention to this matter is greatly appreciated.

Section 1 - To be completed by the applicant

I, the applicant listed below, hereby authorize our agency, to request information regarding my qualifications and performance during my period of employment with the employer listed above. I release the employer stated above and our **agency**, as the prospective employer, from any and/or all liability as a result of the information provided he which I have agreed to by signing my name below.

Applicant Name _____ Social Security No. _____
Signature _____ Position Applied For _____

Section 2 - To be completed by the previous employer

Position Held _____ Worked From _____ To _____
Eligible for Re-hire ☐ Yes ☐ No Reason for Leaving _____

Please evaluate performance as:	Excellent	Good	Fair	Poor	Additional Comments
Punctuality and Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relations with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skills/Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overall Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Information provided by:

Name & Title _____ Signature _____ Date _____

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Skills/Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overall Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Information provided by:

Name & Title _____ Signature _____ Date _____