**APPLICATION FOR EMPLOYMENT**

This Agency is an Equal Opportunity Employer and does not discriminate based on race, creed, sex, marital status, age, color or National Origin.

**PERSONAL INFORMATION:**

|  |  |  |
| --- | --- | --- |
| NAME (LAST, FIRST, MIDDLE): | | DATE: |
| PRESENT ADDRESS (STREET, CITY, STATE, ZIP): | | |
| PERMANENT ADDRESS (IF DIFFERENT): | | |
| PHONE NUMBER: ( ) | SOCIAL SECURITY #: | |
| STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOYMENT: | REFERRED BY: | |

**EMPLOYMENT DESIRED:**

|  |  |
| --- | --- |
| POSITION: | |
| DATE YOU CAN START: | SALARY DESIRED: |
| ARE YOU CURRENTLY EMPLOYED? | MAY WE CONTACT YOUR EMPLOYER? |
| HAVE YOU EVER BEEN EMPLOYED WITH OUR COMPANY BEFORE? | (IF SO, WHEN?) |
| WHICH LOCATION? | |

**EDUCATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SCHOOL NAME AND LOCATION GRADUATED MAJOR SUBJECTS | | | | | GPA |
|  |  | YES | NO |  |  |
| GRAMMAR  SCHOOL |  |  |  |  |  |
| HIGH  SCHOOL |  |  |  |  |  |
| COLLEGE/  UNIVERSITY |  |  |  |  |  |
| OTHER  (SPECIFY) |  |  |  |  |  |

**OTHER INFORMATION:**

|  |
| --- |
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: |
| SPECIAL TRAINING: |
| ACTIVITIES: (CIVIC, ATHLETIC, ETC.) |
| **EXCLUDE ORGANIZATIONS THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.** |
| **How did you hear about Southwestern Home Health Care & Private Services, Inc.?** |

**201a**

**(CONTINUES ON OTHER SIDE)**

**APPLICATION FOR EMPLOYMENT**

**May we contact your current employer?**

**Yes No**

**FORMER EMPLOYERS:** **List your last four employers, starting with present or most recent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE:  MONTH AND YEAR NAME AND ADDRESS OF EMPLOYER SALARY POSITION REASON FOR LEAVING | | | | |
| FROM:  TO: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone #: | $  PER: | Supervisor Name: |  |
| FROM:  TO: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone #: | $  PER: | Supervisor Name: |  |
| FROM:  TO: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone #: | $  PER: | Supervisor Name: |  |
| FROM:  TO: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone #: | $  PER: | Supervisor Name: |  |

**PROFESSIONAL REFERENCES: Give the names of three persons you have worked with; paid or unpaid, for at least one (1) year.**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME ADDRESS BUSINESS YEARS ACQUAINTED | | | |
|  |  | Phone # |  |
|  |  | Phone # |  |
|  |  | Phone # |  |

**IN CASE OF EMERGENCY, NOTIFY:**

**ADDRESS:**   **PHONE:**

**Are there any limitations prohibiting you from performing this job? NoYes, explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND I MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.**

**SIGNATURE: DATE:**

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**APPLICANT – DO NOT WRITE BELOW THIS LINE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INTERVIEWED BY:** | | | | **DATE:** |
| **REMARKS:** | | | | |
|  | | | | |
| **QUALIFICATIONS:** | | | | |
| **APPEARANCE:** | | | | |
| **HIRED:** | **DEPT:** | | **POSITION:** | |
| **START DATE:** | | **SALARY:** | | |

**APPROVALS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HR AGENCY REPRESENTIVE SUPERVISOR ADMINISTRATOR 201b**