**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 |  |  |
| GRAMMARSCHOOL |   |   |   |   |   |
| HIGHSCHOOL |   |   |   |   |   |
| 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:**

**▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬**

**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**