

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____ Social Security Number _____

Address _____

Phone _____ Are you at least 18 years of age? Yes _____ No _____

The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40.

EMPLOYMENT DESIRED

Position _____ Salary desired _____ Date Available _____

Have you ever applied for employment with this company before? If yes, when? _____

EDUCATION

Name and location of School

Degree

High School _____

College/Trade School _____

College/Trade School _____

Are you a member of any professional groups? If Yes, please list _____

List any relevant awards or extracurricular activities _____

FORMER EMPLOYERS (list most current first)

Company _____ Address _____

Immediate Supervisor _____ Phone _____ May we contact? _____ Yes _____ No _____

Position _____ Salary _____ Date from _____ to _____

Duties _____

Reason for leaving _____

Company _____ Address _____

Immediate Supervisor _____ Phone _____ May we contact? _____ Yes _____ No _____

Position _____ Salary _____ Date from _____ to _____

Duties _____

Reason for leaving _____

APPLICATION FOR EMPLOYMENT

Company _____ Address _____
Immediate Supervisor _____ Phone _____ May we contact? ____ Yes ____ No
Position _____ Salary _____ Date from _____ to _____
Duties _____

Reason for leaving _____

Company _____ Address _____
Immediate Supervisor _____ Phone _____ May we contact? ____ Yes ____ No
Position _____ Salary _____ Date from _____ to _____
Duties _____

Reason for leaving _____

List any experiences you feel qualifies you for the position you are applying for _____

Do you have any friends or relatives currently working for CarePartners? ____ Yes ____ No

If yes, Who _____

Have you ever been convicted of a drug related offense, theft or felony that has not been expunged? ____ Yes ____ No

If yes, please explain _____

How did you hear about the position you are applying for? _____

The statements and facts I have made on this application are true to the best of my knowledge. Any false statements may result in my termination if a position is offered. I authorize CarePartners, at their discretion, to request a police file check and fingerprint analysis at time of application or anytime during my employment if I should become employed.

Signed _____ Date _____

CarePartners Home Health, Inc. is an equal opportunity employer

Applications remain in active status for 6 months