# **Application for Employment**

## An Equal Opportunity Employer

This agency is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For:	Home Health Aide	<u>e</u> Too	day's Date/	/
Are you seeking: Fu	ll-timePart-t	ime Tempo	orary employmer	nt?
When could you sta	rt work?			
			()	<del>_</del>
Last Name	First Name	Middle Initia	al Te	lephone Number
Present Street Addr	ess	City	State	Zip Code
Your present addres	ss have you lived th	ere for 2 years?		
Are you 18 years of	age or older? Yes _	No Da	ate of Birth:	
Social Security #		Aı	re eligible to work in the	U.S.? Yes No
Were you ever emp	loyed here?	Yes	No If yes, when?	
Have you ever heer	convicted of any la	aw violation (exc	cept a minor traffic vio	lation)? Yes No
nave you ever been				

offense, date, and the job for which you are applying will also be considered.)

What skills or additional training	do vo	ou have that ar	e related to the i	iob for which y	you are applying?
what skins of additional training	,,.	ou nuve thut ut	c related to the		

# Employment History:

List names of employers in consecutive order with present or last employer liste any periods of unemployment. If self-employed, give firm name and supply bus		
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FRO	м то
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FRO	то то
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FRO	то то
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FRO	м то
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

## Education:

YPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
h School				
lege/University			_	
•				
s. or Trade School				
fessional School				
			_	
			1	
	<b>S:</b> P <b>S:</b> Prences, not related: Refe b such as a former employ		one who can verif	fy your ability to
Give three refe	erences, not related: Refe b such as a former employ		one who can verif	fy your ability to Phone
Give three refe perform the jo	erences, not related: Refe b such as a former employ	/er.	one who can verif	
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Give three refe perform the jo	erences, not related: Refe b such as a former employ	/er.	one who can verif	Phone
Give three refe perform the jo	erences, not related: Refe b such as a former employ	/er.	one who can verif	Phone
Give three refe perform the jo	erences, not related: Refe b such as a former employ	/er.	one who can verif	Phone
Give three refe perform the jo	erences, not related: Refe b such as a former employ	/er.	one who can verif	Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete preemployment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or postemployment drug screen as a condition of employment, if required. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_

#### **EMPLOYEE AVAILABILITY**

Please provide the following information on your availability to work:

Type of Transportation you have / will use for home visits: \_\_\_\_\_\_

Do you have any allergies that would affect your work at a client's home? \_\_\_ No \_\_\_ Yes

If yes, please list here: \_\_\_\_\_

Do you have a problem working with a client who smokes? \_\_ No \_\_Yes

How many hours are you willing to work per week?\_\_\_\_\_

Locations willing to work (circle those that apply, and/or write in additional locations):

Allegheny	Armstrong	Beaver	Washington	Butler	Westmoreland
East Liberty		Aliquippa			Murrysville
Hill District					
North Side					
South Side					
Monroeville					
Shadyside					
Penn Hills					
Other					
Other please list					

### Please Check (X) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Additional notes about availability\_\_\_\_\_