

**READ CAREFULLY BEFORE SIGNING:**

I certify the information in this application is correct to the best of my knowledge and understand falsification of this information is grounds for dismissal. I authorize the references listed herein to give any and all information concerning my previous employment and release all parties from liability for damage which may result from furnishing same to you.

In consideration for my services, I agree to conform to the rules and regulations of At Your Side Home Care, and my services and compensation can be terminated, at any time, at the option of At Your Side Home Care or myself. I understand that no supervisor or other representative of At Your Side Home Care other than the President or designee, has the authority to enter into an agreement for employment for a specified period of time, or to make agreement contrary to the foregoing. I also consent to taking any pre-placement medical examination or any such future medical examination as may be required by At Your Side Home Care.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

Date of Application \_\_\_\_\_

Talked with Applicant (initial) \_\_\_\_\_

Verify Salary \_\_\_\_\_

Verify Availability \_\_\_\_\_

Soc., Lic., Ins., etc. \_\_\_\_\_

Verified References (date & initial) \_\_\_\_\_

Background check sent in \_\_\_\_\_

Background check received \_\_\_\_\_

Set up orientation (date & initial) \_\_\_\_\_

Comments \_\_\_\_\_

\*\*\* For Administrative use only \*\*\*



**AN EQUAL OPPORTUNITY EMPLOYER**

<b>NAME:</b> LAST			FIRST		MIDDLE		<b>SOCIAL SECURITY NUMBER</b>			
<b>ADDRESS:</b>			STREET		CITY		STATE		ZIP	
							<b>TELEPHONE:</b>			
							HOME: (area code) _____			
							CELL/PAGER: (area code) _____			
<b>HAVE YOU EVER WORKED UNDER A DIFFERENT NAME?</b>							YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If Yes, Give All Names: _____										
<b>IN EMERGENCY, NOTIFY:</b>										
Name: _____ Phone # ( ) _____										
<b>ARE YOU 18 YEARS OLD OR OVER?</b>						<b>HAVE YOU EVER BEEN CONVICTED OF A CRIME?</b>				
YES <input type="checkbox"/> NO <input type="checkbox"/>						YES <input type="checkbox"/> NO <input type="checkbox"/>				
If Yes, Describe _____										
<b>ARE YOU A U.S. CITIZEN?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>										
If No, what type of Visa do you have? _____										
<b>POSITION DESIRED:</b> _____										
_____ HHA			_____ CNA		_____ Companion		Days and Times Available _____			
_____ RN			_____ LPN		_____ Other		_____			
Geographic Area Desired: (List Cities) _____										
<b>EARNINGS EXPECTED:</b> \$ _____ per _____ Available Starting Date: _____										
<b>PROFESSIONAL LICENSE NO.</b> _____ State _____ Year _____										
<b>FIELD POSITION ONLY</b>										
<b>DO YOU HAVE A CAR AVAILABLE FOR WORK?</b>							Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>DRIVER'S LICENSE NO.</b>	
<b>HAVE YOU EVER APPLIED AT THIS AGENCY?</b>							Yes <input type="checkbox"/> No <input type="checkbox"/>		If So, When: _____	
<b>HAVE YOU EVER BEEN EMPLOYED BY THIS AGENCY?</b>							Yes <input type="checkbox"/> No <input type="checkbox"/>		If So, When: _____	
<b>DO YOU HAVE RELATIVES EMPLOYED BY THIS AGENCY?</b>							Yes <input type="checkbox"/> No <input type="checkbox"/>		If So, When: _____	
<b>HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY A FORMER EMPLOYER?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>										
If Yes, Explain _____										

**WHAT PROMPTED YOU TO APPLY FOR EMPLOYMENT**

Check below and complete where indicated

- 1. \_\_\_\_\_ Newspapers (Name) \_\_\_\_\_
- 2. \_\_\_\_\_ Journals or Publications \_\_\_\_\_
- 3. \_\_\_\_\_ University Placement Offices (Name) \_\_\_\_\_
- 4. \_\_\_\_\_ Business School (Name) \_\_\_\_\_
- 5. \_\_\_\_\_ Business School (Name) \_\_\_\_\_
- 6. \_\_\_\_\_ Internet \_\_\_\_\_
- 7. \_\_\_\_\_ Temporary Agency (Name) \_\_\_\_\_
- 8. \_\_\_\_\_ Community College (Name) \_\_\_\_\_
- 9. \_\_\_\_\_ Employment Agency \_\_\_\_\_
- 10. \_\_\_\_\_ Unemployment Office \_\_\_\_\_
- 11. \_\_\_\_\_ Direct (Explain) \_\_\_\_\_
- 12. \_\_\_\_\_ Employee Referral (Name) \_\_\_\_\_
- 13. \_\_\_\_\_ Clinical Rotation \_\_\_\_\_
- 14. \_\_\_\_\_ Other (Describe) \_\_\_\_\_

EDUCATIONAL HISTORY					
NAME OF SCHOOL	LOCATION (CITY, STATE, ZIP)	GRADUATED		IF YES: DATE	DEGREE/ MAJOR STUDY
		YES	NO		
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
OTHER					
HONORS AND/OR AWARDS RECEIVED					
SPECIAL SKILLS					
DO YOU TYPE? <input type="checkbox"/> Yes WPM _____ <input type="checkbox"/> No					
DO YOU TAKE SHORTHAND? <input type="checkbox"/> Yes WPM _____ <input type="checkbox"/> No					
WHAT OFFICE MACHINES/COMPUTERS DO YOU OPERATE? _____					
LIST SOFTWARE: _____					
DO YOU HAVE ANY OTHER SKILLS THAT YOU WISH TO MENTION? _____					
WHAT OTHER LANGUAGES DO YOU SPEAK? _____					
WHAT OTHER LANGUAGES DO YOU READ?			WHAT OTHER LANGUAGES DO YOU WRITE?		
MILITARY SERVICE INFORMATION					
WERE YOU IN ACTIVE MILITARY SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF YES, PLEASE COMPLETE THIS SECTION.					
PRESENT MILITARY STATUS _____ DATES OF SERVICE FROM _____ TO _____					
SPECIAL TRAINING RECEIVED _____					

EMPLOYMENT HISTORY		
List below all past and present employment, beginning with the most recent.		
NAME OF COMPANY	BUSINESS ADDRESS	CITY, STATE, ZIP
TELEPHONE	DATES EMPLOYED FROM _____ TO _____	IMMEDIATE SUPERVISOR
POSITION TITLE AT HIRE	FINAL TITLE (IF DIFFERENT)	EARNINGS AT HIRE _____ FINAL _____
DESCRIPTION OF DUTIES		
REASON FOR LEAVING May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why: _____		
IF THERE IS A GAP IN EMPLOYMENT MORE THAN (2) MONTHS, PLEASE EXPLAIN		
NAME OF COMPANY	BUSINESS ADDRESS	CITY, STATE, ZIP
TELEPHONE	DATES EMPLOYED FROM _____ TO _____	IMMEDIATE SUPERVISOR
POSITION TITLE AT HIRE	FINAL TITLE (IF DIFFERENT)	EARNINGS AT HIRE _____ FINAL _____
DESCRIPTION OF DUTIES		
REASON FOR LEAVING May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why: _____		
IF THERE IS A GAP IN EMPLOYMENT MORE THAN (2) MONTHS, PLEASE EXPLAIN		
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POSITION TITLE AT HIRE	FINAL TITLE (IF DIFFERENT)	EARNINGS AT HIRE _____ FINAL _____
DESCRIPTION OF DUTIES		
REASON FOR LEAVING May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why: _____		
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DESCRIPTION OF DUTIES		
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