

PREMIER HOMECARE

Application for Employment



Date: _____

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran or marital status, sexual orientation, or any other legally protected status.

Last Name	First Name	Middle Initial	Social Security Number
Permanent Address (street, city, state, zip code)			Home Telephone ()
E-mail Address (if any)			Mobile Telephone ()
Position Applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	What hours can you work?	Mon Tues Wed Thur Fri Sat Sun (Minimum of one Sat and Sun a month is required)	
Salary Expectation \$	How did you hear about Premier? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Walk in <input type="checkbox"/> Premier Employee <input type="checkbox"/> Other:		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been previously employed Premier Homecare? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list dates, location, and supervisors.)	
Have you ever been convicted of or pled guilty to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction will not necessarily disqualify an applicant from employment) If yes, please list dates and types of conviction:			
Are you related to any PHC active staff or board member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name and describe the relationship:			

EDUCATION

	Name of School	City, State	Course of Study	Dates Attended	Degree/Cert. Awarded
High School					
College					
Other (Specify)					
Other (Specify)					

TECHNICAL SKILLS: List any other training or skills you have (e.g., work processing, spreadsheets, data entry, typing speed, speed writing, PBX, foreign language fluency, etc.) which are related to the job for which you are applying.

Describe your involvement in any professional, trade, business, civic, or other activities or organizations, which are related to the job for which you are applying (at your option, you may exclude any organization which would indicate your race, color, religion, creed, gender, national origin, age, disability, veteran or marital status, sexual orientation, or any other legally protected status).

PREVIOUS EMPLOYMENT *(Please list all previous experience, starting with the most recent job. Also, please list and explain all periods of unemployment.)*

Employer:	Dates employed: From _____ To: _____
Supervisor:	
Telephone #:	
Job Title: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Starting Salary: Ending Salary:	
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates employed: From _____ To: _____
Supervisor:	
Telephone #:	
Job Title: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Starting Salary: Ending Salary:	
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates employed: From _____ To: _____
Supervisor:	
Telephone #:	
Job Title: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Starting Salary: Ending Salary:	
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

(If you need additional space, please continue on separate sheet of paper)

MILITARY EXPERIENCE: Yes No Branch: _____ Dates: _____ Rank at discharge: _____

REFERENCES (Do not include family members as references)

Name	Position	Address	Telephone#	# years known
1.				
2.				
3.				

APPLICANT'S STATEMENT (Please read carefully and sign)
 The information I provided in this application is true, correct, and complete. I understand that any false or misleading information, omissions, or unsatisfactory references will result in denial of my application or if discovered after my employment commences, immediate termination. I authorize Premier Homecare to investigate and verify all information requested or provided on this application and authorize persons and entities to provide such information. I release Premier Homecare and all persons or entities who provide information from liability or claims relating to the information or decisions made based on that information.

I understand that should I be found unable to perform the essential duties of the job for which I am applying, with or without reasonable accommodation, my employment with Premier Homecare may be subject to termination to the extent permitted by law. I agree to abide by the rules and regulations of Premier Homecare.

Further, I understand that, if employed, my employment will be at will, and may be terminated at any time by me or Premier Homecare for any lawful reason. I understand and agree that if hired, I will not have an employment contract, and I will not rely on any promise or representations regarding the nature or duration of my employment in accepting employment if it is offered to me. I understand and agree that no agreement contrary to the above is binding unless it is in writing, expressly states that it is a contract, and is signed by the Executive Director of Premier Homecare.

I understand that by signing below I authorize the release of my past/current employment information to Premier Homecare.

Applicant's Signature: _____ Date: _____