

APPLICATION FOR EMPLOYMENT

Job Applied For (Caregiver.) Are you seeking: _____ Today's Date ____ / ____ / ____

Full-time Part-time Temporary When could you start work? _____

_____	_____	(____)	_____
Last Name	First Name	Middle Initial	Telephone Number

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 year of age or older? Yes No If hired, can you provide proof you are eligible to work in the U.S.? Yes No

Social Security # _____ - _____ - _____ Date of Birth _____

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of felony (except a minor traffic violation)? Yes No

If yes, give details: _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you currently employed? Yes No

If yes, please explain: _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ State of License: _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

Do you have any limitation that would prevent you from performing your duties as a caregiver? Yes/No _____

LIST NAME AND ADDRESS OF SCHOOLS	Diploma/ Degree/ Certificate
High School or GED _____	_____
College or University _____	_____
Vocational or Technical _____	_____
What skills or additional training do you have that are related to the job for which you are applying? _____	_____
_____	_____
What machines or equipment can you operate that are related to the job for which you are applying? _____	_____
_____	_____

Initials: _____

List names of employers in consecutive order with present or last employer listed first. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT: FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR	TELEPHONE REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT: FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR	TELEPHONE REASON FOR LEAVING
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ADDRESS	DATES OF EMPLOYMENT: FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR	TELEPHONE REASON FOR LEAVING

Are you presently employed? Yes - No -
 If yes, may we contact your present employer? Yes - No -
 Have you ever been fired from a job or asked to resign? Yes - No -
 If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	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.

Signature _____ Date / / _____

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Professional Home Health Care.

Type of Transportation: _____

Do you have any allergies that would affect your job task? No. Yes.

If yes, please explain _____

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):

Brazoria	Fort Bend	Galveston	Harris	Jefferson
Alvin	Missouri City	Clear Lake	Houston	Beaumont
Angelton	Rosharon	Dickerson	North Houston	Port Author
Pearland	Sugarland	League City	South Houston	Lumberton:
		Pasadena	Humble	Jasper
		Webster		
Other:	Other:	Other:	Other:	Other:

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							

Initials: _____