

**EMPLOYMENT APPLICATION -**

Date: \_\_\_\_\_

Name: _____		SS#: _____	
Address: _____	City: _____	State: _____	Zip: _____
Phone: Home: _____	Cell: _____	Work: _____	Other: _____
How did you hear about Blessed At Home: _____			

Desired Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_  
 Desired Shift:  Day  Evening  Nights  Any  
 Desired Work:  Full Time  Part Time  Per Diem  
 If PT/Per Diem list desired work days/hours: \_\_\_\_\_

Are You Currently Employed?  Yes  No  
 If Yes may we contact your employer?  Yes  No  
*Blessed At Home Health Care is an equal opportunity employer. We do not discriminate on the basis of race, color, creed, national origin, veteran's status, citizenship, age, disability or any other characteristic protected by federal, state, or local law. Blessed At Home will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on our business.*

**EDUCATION**

GRADE LEVEL	NAME and LOCATION	GPA	SUBJECTS STUDIED
<b>HIGH SCHOOL</b>			
<b>COLLEGE</b>			
<b>OTHER (TRADE, ETC.)</b>			

**INTERESTS:** Special Skills/Hobbies/Languages/ Interests which might make a client's care better: \_\_\_\_\_

**CURRENT AND PAST EMPLOYMENT**

DATE	EMPLOYER- NAME, ADDRESS AND PHONE #	SUPERVISOR	TITLE	SALARY	REASON SEPARATED
FROM: TO:					
FROM: TO:					
FROM: TO:					
FROM: TO:					
FROM: TO:					
FROM: TO:					
FROM: TO:					

Please list any other employment on a separate paper and submit with this application. All past employers must be listed on this application or on an attachment. Failure to list all employment could result in termination if employed by BAH.

**REFERENCES**

List at least three professional references in table provided below

NAME	ADDRESS/PHONE #	BUSINESS	YRS KNOWN

**OTHER INFORMATION**

Professional License #: \_\_\_\_\_ Have there been any actions taken against your license? Y or N

If yes explain: \_\_\_\_\_

May we contact your current and/or past employers to obtain a work reference? \_\_\_ Yes \_\_\_ No

If No, list the employers that you do not want us to contact. \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

*I hereby authorize Blessed At Home and/or Blessed At Home Health Care to conduct an investigation into my background including an investigation of my character, employment record, military record, education and training, and conviction record. I understand that my employment is conditional upon the receipt and review of all required investigations and background checks including conviction records and employee drug screening. I understand that this application is good only for 60 days from today's date. If I still desire a position with the company after this application expires it will be my duty to fill out a new application and file it with the company. Otherwise the company will not consider me for employment after this application expires. I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. I agree to conform to the rules and regulations of the company and understand that if hired I will be a "terminable at will" employee and that my employment and compensation can be terminated and/or altered with or without cause and with or without notice at any time. I understand that neither this document nor any other documents or letters received by me during my employment with Blessed At Home or Blessed Home Health Care nor any offer of employment constitute an employment contract unless a document to that effect is executed by the Board of Members with three Member Signatures.*

Applicant's Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

Interviewed By: X \_\_\_\_\_

Date: \_\_\_\_\_

Recommend for second Interview with Supervisor? \_\_\_ Yes \_\_\_ NO