

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME(LASTNAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NO.		

DESIRED EMPLOYMENT

POSITION	START DATE	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE INQUIRE OF YOU CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT EMPLOYER	TELEPHONE:	
REASON FOR LEAVING		
NAME OF YOUR LAST SUPERVISOR		
EVER WORKED FOR THIS COMPANY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	WHO REFERRED YOU TO HOME HEALTHCARE SOLUTIONS <input type="checkbox"/> FRIEND <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> ADVERTISMENT <input type="checkbox"/> GOVERNMENT PLACEMENT AGENCY <input type="checkbox"/> INTERNET <input type="checkbox"/> OTHER, SPECIFY: _____	

EDUCATION

LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	MAJOR
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
PROFESSIONAL TRAINING				

EMPLOYMENT HISTOFY

List your last two (2) employers, assignments of volunteer activities, including experience. Explain any gap in employment in the comments section below.

NAME OF EMPLOYER		JOB TITLE		
ADDRESS		CITY	STATE	ZIP
FROM	TO	What was the nature of you work?		HOURLY RATE IN \$
NAME OF SUPERVISOR		PHONE:	COMMENTS	

NAME OF EMPLOYER		JOB TITLE		
ADDRESS		CITY	STATE	ZIP
FROM	TO	What was the nature of you work?		HOURLY RATE IN \$
NAME OF SUPERVISOR		PHONE:	COMMENTS	
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? (Proof of eligibility will be required before employment) <input type="checkbox"/> YES <input type="checkbox"/> NO				

Person to be contacted in case of an emergency:			Relationship: _____	
Name: _____			Telephone #: _____	
Last	First	MI		
Address: _____		City: _____	State: _____	Zip: _____
Number	Street			

PERSONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER	FROM	TO
HAVE YOU EVER BEEN CONVICTED OR A FELONY WITHIN THE LAST 5 YEARS?				
IF YES, PLEASE EXPLAIN (Will not necessarily exclude you from consideration)				

I certify that the facts contained in this application are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for a subsequent discipline up to and including dismissal from employment if discovered at the later date.

I understand that if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Action Healthcare Services, Inc. other than the owners is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owners.

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Action Healthcare Services, Inc.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personal file. If I am not hired or have not heard from this agency within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Action Healthcare Services, Inc.

I do hereby give the employer and/or its agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless Action Healthcare Services, Inc, it's representative, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug-testing prior and during employment or for post-accident occurrences. The employer, Action Healthcare Services, Inc. is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

NOTICE: This is to inform you that as part of processing your employment application, we may obtain a consumer report, which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of this notice and a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."

Signature of Applicant: _____ Date: _____



