

Application For Employment

Superior Home Health Care
PO Box 107, Herkimer, N.Y. 13350
(315) 866-7932

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

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

1. Have you ever filed an application with us before? Yes No
If Yes, give date _____
2. Have you ever been employed with us before? Yes No
If Yes, give date _____
3. Are you currently employed? Yes No
4. May we contact your present employer? Yes No
5. Are you legally eligible for employment in the USA? Yes No
6. On what date would you be available for work? _____
7. Are you available to work: Full Time Part Time Shift Work Temporary
8. Do you have reliable transportation? Yes No
9. Have you been convicted of any crime? Yes No
10. What hours are you available to work? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

References - Professional

1. _____ ()
 (Name) (Phone #)

_____ (Address)

2. _____ ()
 (Name) (Phone #)

_____ (Address)

References - Personal

1. _____ ()
 (Name) (Phone #)

_____ (Address)

2. _____ ()
 (Name) (Phone #)

_____ (Address)

Employment Experience

Start with your present or last job. Include any job-related, military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Notes _____

Reference Form

To _____

The person named in the space below has applied to us for employment. Since the applicant referred to you as a former employer, we would greatly appreciate your cooperation in giving us the information requested. Any statements you make will be used in strict confidence, solely to aid us in determining the applicant's suitability for employment.

NAME:

_____ (Last) (First) (Middle)

Social Security Number: _____

Employment Date: From _____ To _____ Position _____

Reason for leaving: _____

Would you rehire? _____

Evaluation	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Working Relationships				
Quality of Work				
Job Knowledge				
Dependability				
Cooperation				
Appearance				
Overall Rating				

Comments: _____

Signature _____ Title: _____ Date: _____

AUTHORIZATION OF RELEASE OF INFORMATION

I, _____, give my permission to release information to Superior Home Health Care regarding my previous employment.

Signature/Date: _____

Personal Reference

To: _____

Date: _____

The applicant, as named below, has applied to *Superior Home Health Care* for employment and has furnished your name as a personal reference.

Please note that applicant's authorization and provide us with the information below.

I, _____, (applicant's name) authorize *Superior Home Health Care* to request information that may be sought in connection with my application or concerning me or my work, habits, character or skill.

Applicant's Signature _____ Date: _____

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	Excellent	Good	Fair
Dependability			
Initiative			
Character			
Appearance			
Personality			
Responsibility			

Additional Comments: _____

My relationship to the applicant is _____

I've known the applicant for _____ years.

Signature of personal reference _____ Date: _____

Please complete, refold and mail immediately.

Thank you,

Superior Home Health Care