

APPLICATION FOR EMPLOYMENT

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

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 shall inquire as to whether or not applications are being accepted at that time.

DATE: SIGNATURE

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INTERVIEW REVIEW

Applicant Name: Date _____

Days and Hours available M Tu W Th F Sa Su

Review:

Personality: friendly average quiet Verbal skills: excellent average poor Communicates:
clear somewhat clear not very clear Flexibility: very flexible somewhat not flexible Skill
level: higher skilled moderately skilled lower skilled Appearance: professional
semi-professional not professional Good Candidate for employment: yes no

Overall
Interview: _____

Interviewer Date
APPLICANT REFERENCE CHECK (1)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____
Address: _____ Phone: () _____ Fax: ()

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ to: _____ Position Held: _____

Would you rehire this individual? Yes ___ No ___

Responsibilities:

Reason for Leaving:

Rate of Pay: (weekly/biweekly/salary):

_____ + _____

Additional comments (training/skills)

Reference check performed by _____

APPLICANT REFERENCE CHECK (2)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: () _____ Fax:

() _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ to: _____ Position Held: _____

Would you rehire this individual? Yes ___ No ___

Responsibilities:

Reason for Leaving:

Rate of Pay: (weekly/biweekly/salary):

_____ + _____

Additional comments (training/skills)

Reference check performed by _____

Employee Emergency Contact Information

Employee Name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

Next of kin: _____ Phone: _____

Relationship: _____ Address: _____

*In case of emergency, please contact:

Name: _____ Phone: _____

Relationship: _____ Address: _____

*Please notify this Agency immediately if any of the emergency contact information changes.

INSERT NEW HIRE FORM HERE SECTION 2

LICENSE COPY/VERIFICATIONS FOR
PROFESSIONAL STAFF –SEE PERSONNEL
POLICIES

DIPLOMA/DEGREE TRANSCRIPT

SOCIAL SECURITY CARD

CPR CARD

DRIVER'S LICENSE