

St. Anthony's Home Healthcare Services, LLC

Application for Employment Application active for 30 days

Programs, services, and employment are equally available to everyone, without regard to race, color, sex, national origin or handicap. We rely on the statements and representations made in this employment application as a consideration for your employment by the company and your employment may be contingent on the representations contained herein. Please print in ink. Please inform the Human Resources department if you require reasonable accommodation.

Date of review _____ mth/day/yr
Date of Hire: _____ mth/day/yr

Personal Information

Full Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

Phone: () _____ Cell: () _____

Position Applied for: _____

If you are under 18 and we require a work permit, can you furnish one? ___ Yes ___ No

If no, please explain: _____

Are you a US citizen ___ Yes ___ No

If not, are you legally allowed to work in the United States ___ Yes ___ No

Can you pass a Nationwide Fingerprint background check? ___ Yes ___ No.

Is your name on the Employee Abuse Registry? ___ Yes ___ No.

Time of employment desired ___ Full time ___ Part Time Desired Salary _____

Were you previously employed by us? Yes ___ No ___

If Yes, when and in what position? _____

Have you ever applied to us before? _ Yes _ No

If Yes, when and in what position? _____

Relevant Education

School: _____ Major: _____ Graduate: _ Yes _ No

School: _____ Major: _____ Graduate: _ Yes _ No

School: _____ Major: _____ Graduate: _ Yes _ No

Other Skills _____

EMPLOYMENT:

Previous employment (begin with most recent position)

Dates of employment:

From ___/___/___ To ___/___/___ Position held _____
Company _____
Address _____
Phone : () ___ ___ Supervisor _____
Responsibilities _____

Salary _____ Reason for leaving _____
May we contact this employer for a reference? ___ Yes ___ No

Dates of employment:

From ___/___/___ To ___/___/___ Position held _____
Company _____
Address _____
Phone : () ___ ___ Supervisor _____
Responsibilities _____

Salary _____ Reason for leaving _____
May we contact this employer for a reference? ___ Yes ___ No

Dates of employment:

From ___/___/___ To ___/___/___ Position held _____
Company _____
Address _____
Phone : () ___ ___ Supervisor _____
Responsibilities _____

Salary _____ Reason for leaving _____
May we contact this employer for a reference? ___ Yes ___ No

- Have you had CPR training? ___ Yes ___ No
- Have you had First Aid training? ___ Yes ___ No
- Do you have recent fingerprint results? ___ Yes ___ No
- Have you been tested for Tuberculosis within the last year ___ Yes ___ No
- Have you had experience with Alzheimer's or Dementia patients? ___ Yes ___ No
- Can you lift 50 lbs or more? ___ Yes ___ No
- Do you have any injuries that may interfere with your job? ___ Yes ___ No

If yes, Please list details _____

List three professional references (other than friends or relatives)

Name	Address	Phone

Circle Schedule Preference

Day, Night, P/T, F/T,Weekends, Other _____

Person to Notify In Case Of Emergency

Name: _____ **Phone:** _____

**EMPLOYMENT APPLICATION DISCLAIMER
AND ACKNOWLEDGMENT**

Read Carefully.

I certify that the information contained in this application is correct to the best of my knowledge

I understand that to falsify information is grounds for refusing to hire me, or for discharge, should I be hired.

St. Anthony's reserves the right to conduct a police background check, drug testing and physical examinations when applicable. Nothing in this application or subsequent interviews creates a contractual agreement on the part of St. Anthony's. I understand and agree that if I am employed with St. Anthony's, my employment is for no specific length of time and is terminable at will either by me or St. Anthony's. Upon termination, St. Anthony's will send me my earned wages up to date of termination, and no other claims will be made by me, for any amount. I also understand that the supervisor or staff cannot make promises of wage or position changes without the written authorization of the President, I hereby agree that in no event shall St. Anthony's be liable for any loss or damage to my personal property. I promise that if employed, I will observe all policies of my employer, I will faithfully perform all duties that may be assigned to me, and will promptly inform my employer of any act or conduct of other people which comes to my attention and which is considered detrimental to the interest of St. Anthony's Home Healthcare Services. I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge, should I be hired. St. Anthony's reserves the right to conduct a police background check, drug testing and physical examinations when applicable. Employment with St. Anthony's is conditional upon successfully passing the Nationwide Background check.

Signature: _____

Date: _____