



Celebrity Home Health

APPLICATION for EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Instructions

1. Answer every question fully and accurately.
2. Please print, except for where your signature is required on page four.

APPLICANT INFORMATION

POSITION APPLYING FOR			TODAY'S DATE	/	/
			DATE OF BIRTH	/	/
NAME: LAST	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER		
CURRENT ADDRESS:	STREET	CITY	STATE	ZIP	
HOME PHONE NUMBER			WORK PHONE NUMBER		
HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN THOSE LISTED ABOVE? IF YES, PLEASE LIST:			<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARE YOU 18 YEARS OF AGE OR OLDER?
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Referral Source (please check the box): Advertisement Unsolicited Employee

AVAILABILITY (PLEASE CHECK ALL THAT APPLY)

WHEN ARE YOU AVAILABLE FOR EMPLOYMENT? _____ (DATE)

TYPE OF WORK DESIRED: FULL TIME PART TIME TEMPORARY

FOR WHICH SCHEDULES ARE YOU AVAILABLE? WEEKDAYS OVERTIME

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE U.S.? YES NO

WOULD YOU CONSIDER RELOCATION? YES NO

ARE YOU WILLING TO TRAVEL? YES NO

GENERAL

SALARY REQUIRED: \$ _____

HAVE YOU EVER WORKED HERE BEFORE? YES NO IF YES, WHEN? _____

HAVE YOU EVER APPLIED HERE BEFORE? YES NO IF YES, WHEN? _____

DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO GET TO AND FROM WORK? YES NO

FOR JOBS REQUIRING DRIVING ONLY: DO YOU HAVE APPROPRIATE VALID DRIVER'S LICENSE? YES NO

LICENSE NUMBER _____ CLASS/TYPE _____ STATE OF ISSUE _____

LIST ANY FRIENDS OR RELATIVES WORKING AT CELEBRITY HOMECARE: _____

We do not discriminate on the basis of race, religion, national origin, color, age, sex, veteran status, or disability. It is our intention that all applicants are given equal opportunity and that selection decisions be based on job-related factors.

Instructions

- 1. SINCE WE PLAN TO CONTACT PREVIOUS EMPLOYERS, IT IS IMPORTANT THAT YOU PROVIDE CORRECT TELEPHONE NUMBERS.
- 2. PLEASE BE SURE TO ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES.

"IF EMPLOYED, DO YOU EXPECT TO BE ENGAGED IN ANY OTHER ADDITIONAL BUSINESS OR EMPLOYMENT OUTSIDE OF OUR JOB?" YES NO

WORK HISTORY

MOST RECENT EMPLOYER

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO
 ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO

COMPANY NAME	CITY	STATE	JOB TITLE	PHONE NUMBER
FROM: DATES EMPLOYED	TO:		REASON FOR LEAVING	SUPERVISOR'S NAME
\$ SALARY (HOUR, WEEK, MONTH, OR YEAR)			WHO DO YOU SUGGEST WE CONTACT	

DUTIES

SECOND MOST RECENT EMPLOYER

ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO

COMPANY NAME	CITY	STATE	JOB TITLE	PHONE NUMBER
FROM: DATES EMPLOYED	TO:		REASON FOR LEAVING	SUPERVISOR'S NAME
\$ SALARY (HOUR, WEEK, MONTH, OR YEAR)			WHO DO YOU SUGGEST WE CONTACT	

DUTIES

THIRD MOST RECENT EMPLOYER

ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO

COMPANY NAME	CITY	STATE	JOB TITLE	PHONE NUMBER
FROM: DATES EMPLOYED	TO:		REASON FOR LEAVING	SUPERVISOR'S NAME
\$ SALARY (HOUR, WEEK, MONTH, OR YEAR)			WHO DO YOU SUGGEST WE CONTACT	

DUTIES

FOURTH MOST RECENT EMPLOYER

ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO

COMPANY NAME	CITY	STATE	JOB TITLE	PHONE NUMBER
FROM: DATES EMPLOYED	TO:		REASON FOR LEAVING	SUPERVISOR'S NAME
\$ SALARY (HOUR, WEEK, MONTH, OR YEAR)			WHO DO YOU SUGGEST WE CONTACT	

DUTIES

SECURITY

LIST STATE AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN YEARS

	STATE	COUNTY	YEARS IN RESIDENCE	
			FROM	TO
1.				
2.				

DO YOU KNOW ANY FAMILY MEMBER, FRIEND OR NEIGHTBOR, WHO EVER WORKED FOR EITHER STATE, OR FEDERAL GOVERNMENT AGANCY-THAT IS UNDER THE DEPARTMENT OF HEALTH SERVCIES, MEDICAR OR AN OTHER HOME HEALTH AGENCY? YES NO

IF YES, PLEASE GIVE DETAILS (INCLUDE, THE NAME, RELATIONSHIP, TYPE OF EMPLOYEMENT AND THE PERIOD):

HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION? (INCLUDE ANY PLEA OF "GUILTY" OR "NO CONTEST" EXCEPT FOR MINOR TRAFFIC VIOLATION) YES NO

IF YES, PLEASE GIVE DETAILS (INCLUDE INCIDENT, CITY, STATE, AND CHARGE):

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT)

HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED IN THE LAST THREE YEARS? (FOR JOBS REQUIRING DRIVING ONLY) YES NO

IF YES, PLEASE GIVE DETAILS:

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12 13 14 15 16 16 +

IF YOUR SCHOOL RECORDS ARE UNDER ANOTHER NAME THAN LISTED ON PAGE ONE, PLEASE ENTER THE OTHER NAME:

	SCHOOL NAME	CITY & STATE	GRADUATE? YES OR NO	DEGREES & MAJORS
HIGH SCHOOL				
COLLEGE				
UNIVERSITY				
ARMED FORCES				
OTHER				

WHAT OTHER TRAINING DO YOU HAVE THAT IS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

REFERENCES

Instructions

- 1. Include only individuals familiar with your work ability or related education.
- 2. Do not include relatives.
- 3. Do not include former employers.

	NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN /RELATIONSHIP
1.				
2.				
3.				

HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN? YES NO (IF YES, PLEASE EXPLAIN BELOW)

AFFIDAVIT

Instructions

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand that I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I can obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability for making such statements.

I understand that if I am extended an offer of employment, it may be conditional upon my successfully passing a complete or partial pre-employment screening process that may include; a drug screen, criminal history screen, credit history screen and/or education confirmation. I consent to the release of any or all records as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature

Date