



## JOB APPLICATION FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last Name First Name MI

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apt. # City/State Zip County

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### POSITIONS APPLIED FOR AND AVAILABILITY

|               |                       |
|---------------|-----------------------|
| 1. Job Title: | 2. Job Title:         |
| 3. Job Title: | Available Start Date: |

Preferred Status: Full-time  Part-time  Desired Starting Salary: \$ \_\_\_\_\_

Working schedule you will accept: Days  Evening  Nights  Weekends  Holidays  Rotating

How did you learn about this job opening: Job Bulletin  Internet  Newspaper  Ad  Referred  Job Fair   
 Professional Journal  Other  Please specify: \_\_\_\_\_

Have you been applied here before: Yes  No  If Yes, when: Month \_\_\_\_\_ Year \_\_\_\_\_

If relevant to the position, please list any other languages which you can speak or read: \_\_\_\_\_

### AREA OF EXPERIENCE (Please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Medical/Surgical | <input type="checkbox"/> Home Health     | <input type="checkbox"/> License #: _____   |
| <input type="checkbox"/> Oncology         | <input type="checkbox"/> Public Health   | <input type="checkbox"/> Exp. Date: _____   |
| <input type="checkbox"/> Orthopedics      | <input type="checkbox"/> Output/Clinic   | <input type="checkbox"/> Chest X-Ray: _____ |
| <input type="checkbox"/> Neuro/Psych      | <input type="checkbox"/> Obstetrics      |   |
| <input type="checkbox"/> Supervisory      | <input type="checkbox"/> Clerical        |   |
| <input type="checkbox"/> Nurse Aide       | <input type="checkbox"/> Private Duty    |   |
| <input type="checkbox"/> Other: _____     | <input type="checkbox"/> Computer Skills |   |



**SPECIAL TRAINING / EDUCATIONAL HISTORY**

Check Highest Grade Completed:

High School:

College:

Post Graduate:

9  10  11  12

13  14  15  16

1  2  Master's  PhD

| School                   | Name    | Years Attended     |     | Graduate   | Degrees/Certs | Majors |
|--------------------------|---------|--------------------|-----|--|---------------|--------|
|                          |         | From:              | To: |  |               |        |
| High School              |         |                    |     | Yes <input type="radio"/> No <input type="radio"/> |               |        |
| College                  |         |                    |     | Yes <input type="radio"/> No <input type="radio"/> |               |        |
| Post Graduate            |         |                    |     | Yes <input type="radio"/> No <input type="radio"/> |               |        |
| Masters                  |         |                    |     | Yes <input type="radio"/> No <input type="radio"/> |               |        |
| Other                    |         |                    |     | Yes <input type="radio"/> No <input type="radio"/> |               |        |
| Other                    |         |                    |     | Yes <input type="radio"/> No <input type="radio"/> |               |        |
| <b>Military Service:</b> | Branch: | Length of Service: |     | Dates:   | Other:        |        |

Please list only your current and 2 previous employers, starting with your current employer. If you are not presently employed, start with your most recent employer and list 3 employers.

**EMPLOYMENT HISTORY**

Firm Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street/Apt. City/State Zip

Position Title: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Are you currently working for this employer? Yes  No  If Yes, may we contact? Yes  No   
 If No, please specify the reason for leaving: \_\_\_\_\_

Briefly describe your position:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

Firm Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street/Apt. City/State Zip

Position Title: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Are you currently working for this employer? Yes  No  If Yes, may we contact? Yes  No   
 If No, please specify the reason for leaving: \_\_\_\_\_



Briefly describe your position:

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**EMPLOYMENT HISTORY**

Firm Name: ----- Phone Number: -----

Address: -----  
Street/Apt. City/State Zip

Position Title: -----

Supervisor Name & Title: -----

Employment Dates: From ----- To ----- Beginning Salary: \$ ----- Ending Salary: \$ -----

Are you currently working for this employer? Yes  No  If Yes, may we contact? Yes  No

If No, please specify the reason for leaving: -----

Briefly describe your position:

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**MISCELLANEOUS**

Have you worked under a different name? Please list: -----

Have you ever been convicted of a crime? Yes  No  If Yes, list dates, place, court, action taken:

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**PLEASE READ THE FOLLOWING BEFORE SIGNING**

**My signature on this application indicates that I understand and agree to the following conditions:**

- 1. I hereby certified that all information contained in my resume' and/or application is true to the best of my knowledge. I agree and understand that any false statements contained herein may cause rejection of my candidacy for employment or termination of employment without notice or benefits.
- 2. I hereby authorize investigation of current and previous employment and education records and all pertinent information, personal or otherwise and release all parties from all liability for any damage that may result from furnishing the same.
- 3. Advent Home Health Services, Inc. reserves the right to verify the criminal records information I have provided through appropriate local, state or federal law enforcement agencies.

I also understand that any misrepresentation, false statements, omission of facts or failure to provide requested information on this application may cause rejection of my candidacy for employment or termination of employment without notice or benefits. In addition, if accepted for employment, I agree to abide by the rules and policies of Advent Home Health Services, Inc.

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Signature

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Date