



**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
Number Street City State Zip Code

Home Telephone Number\_(\_\_\_\_)\_\_\_\_\_ Alternate Number During Work Hours\_(\_\_\_\_)\_\_\_\_\_

**Position Applied for:** HHA/CNA  Companion/Homemaker  RN  Private Duty  Other \_\_\_\_\_  
(Check One)

**Shift Desired:** Days  Evenings  Weekends  Date Available \_\_\_\_\_  
(Check All That Apply)

**Hours Desired:** Full time  Part time  Hourly  Live-In

Have you ever applied to H&H Home Care before? \_\_\_ YES \_\_\_ NO If yes, when? \_\_\_\_\_

How did you learn of this job opening? \_\_\_\_\_

Are you employed now? Yes  No  If Yes, may we contact your present employer? Yes  No

<b>Education Completed</b>			
	<b>Name &amp; Location of School</b>	<b>Year of Graduation</b>	<b>Degree/Certification</b>
High School or GED			
College			
HHA or NA Training School, or Any relevant training –correspondence or otherwise.			

<b>Former Employers</b>				
<small>(Start with most recent employer; list last four employers)</small>				
<b>Dates</b>	<b>Name &amp; Address of Employer</b>	<b>Position</b>	<b>Salary</b>	<b>Reason For Leaving</b>
From				
To				
From				
To				
From				
To				
From				
To				

## Personal References

Please furnish three references with complete address. Do not list former employers or relatives. The individuals you list should have known you for at least one year.

Name	Address (include city, state and zip)	Phone Number	Business	Years Known
1.				
2.				
3.				

## Applicant Authorization

### PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask prior to signing.

H&H Home Care, LLC does not discriminate in hiring or employment on the basis of race, color, religion, age, disability, veteran status, or status within any group protected by federal, state, or local law. No questions on this application are intended to secure information to be used for any such discriminatory purpose.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.

By signing your name below, you authorize investigation of all statements contained herein and the reference and employers listed to give you any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release H&H Home Care from any liability for any damage that may result from the utilization of such information. You consent to take a physical examination, and such future physical examinations as may be required by H&H Home Care at such times and places as H&H Home Care shall designate. You understand that an offer of employment maybe contingent on passing the physical examination that relates to the essential duties you would be required to perform.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired or prosecution.

By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and H&H Home Care. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and H&H Home Care retain a similar right. You further understand that no representative of H&H Home Care other than owners/management has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit. You further understand this entire statement applies to the period prior to and after you may be employed.

I hereby acknowledge that I have read, understand, and agree to the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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