



EMPLOYMENT APPLICATION

Traditional Home Health and Hospice is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS COMPLETELY

NAME: _____
Last
First
Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: () _____ - _____ EMAIL ADDRESS: _____

POSITION

POSITION APPLYING FOR: _____ SALARY REQUIREMENTS: \$ _____ / hour / year

Are you available to work: FULL TIME PART TIME PER DIEM

How did you hear about us? _____

BACKGROUND

Were you previously employed by Traditional Home Health and Hospice? YES NO If yes, please list the office where you worked and the reason for separation:

Have you been a resident of PA the last 2 years? YES NO

Are you legally entitled to work in the U.S.? YES NO

Licensure Number _____ State Issued _____ Expiration Date _____

Certificate Number _____ State Issued _____ Expiration Date _____

Current CPR? YES NO If yes, Expiration Date _____

EDUCATION

| TYPE (High School, Undergrad, Graduate) | NAME / LOCATION OF SCHOOL | DEGREE AWARDED | MAJOR FIELD |
|---|---------------------------|----------------|-------------|
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Please comment on any experience, skills, or qualifications you have which would be valuable to Traditional Home Health and Hospice.

REFERENCES (Professional References Only)

| Name, Company, Address | Relationship / Years Known | PHONE # |
|------------------------|----------------------------|---------|
| | | |
| | | |
| | | |
| | | |

EMPLOYMENT HISTORY (beginning with your most recent)

EMPLOYER: _____ PHONE: () _____

ADDRESS: _____

EMPLOYMENT DATES: FROM _____ TO _____ POSTION HELD: _____

DESCRIBE JOB DUTIES: _____

SUPERVISOR: _____ PAY RATE: START _____ FINISH _____

REASON FOR LEAVING: _____ **MAY WE CONTACT** YES NO

EMPLOYER: _____ PHONE: () _____

ADDRESS: _____

EMPLOYMENT DATES: FROM _____ TO _____ POSTION HELD: _____

DESCRIBE JOB DUTIES: _____

SUPERVISOR: _____ PAY RATE: START _____ FINISH _____

REASON FOR LEAVING: _____ **MAY WE CONTACT** YES NO

EMPLOYER: _____ PHONE: () _____

ADDRESS: _____

EMPLOYMENT DATES: FROM _____ TO _____ POSTION HELD: _____

DESCRIBE JOB DUTIES: _____

SUPERVISOR: _____ PAY RATE: START _____ FINISH _____

REASON FOR LEAVING: _____ **MAY WE CONTACT** YES NO



Emergency Contact/Relationship _____

Phone _____

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions. Have you ever been convicted of a crime? Do not include convictions that were sealed or expunged pursuant to a court order.

Have you ever been convicted of a felony or a misdemeanor?

YES NO

If answer "yes" please explain.

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumers reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

FIRST INTERVIEWER: _____ DATE: ____/____/____

SECOND INTERVIEWER: _____ DATE: ____/____/____