

ASSURANCEJ HOMECARE SERVICES, INC.

EMPLOYMENT APPLICATION

(Equal Opportunity Employer)

READ CAREFULLY BEFORE COMPLETING APPLICATION

Please complete the entire application. An incomplete application will not be considered. All information submitted is subjected to verification. Any false or misleading statement may result in disqualification or termination.

Please print clearly in ink

Name: _____ S.S #: _____ D.O.B: ____/____/____
Last First Middle

Address: _____
Street City State Zip Code

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Position Applying for: _____

Travel Side (area preferred to work): _____

Date Available: ____/____/____ Full time Part time Salary Requested: _____

In Case of Emergency Notify, Name: _____ Relationship: _____

Address: _____ Phone: (____) _____ - _____

List any acquaintances and/ or relatives employed by ASSURANCEJ HOMECARE SERVICES, INC.

Who referred you to ASSURANCEJ HOMECARE SERVICES, INC.? _____

Email Address: _____

Please answer the following questions

1. Have you previously been employed by ASSURANCEJ HOMECARE SERVICES, INC.? Yes No
2. Have you ever served in the Military? Yes No

If Yes, what Branch? _____ Discharge Date: ____/____/____

3. Are you currently in the Reserve? Yes No

If Yes, what Branch? _____

4. Have you ever been convicted of a Felony? Yes No

If Yes, Please Explain: _____

EDUCATION

	Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College/University				
Technical/Business School				

ASSURANCEJ HOMECARE SERVICES, INC.

Professional License/Certification

Type: RN LVN CNA OTHER:

License/Certification #: _____ State: _____ Exp. Date: ____/____/____

Technical Skills

Check all that apply to you:

Typing _____ wpm

Computer Programs: _____

Foreign Language Spoken: _____ Written: _____

Employment History

List the most recent position first. (Please provide at least 5 years if available)

1. Employment dates from: ____/____/____ to ____/____/____
 Company: _____ Salary: _____
 Address: _____ Supervisor: _____
 Phone: (____) _____ - _____ Job Title: _____
 Job Duties: _____
 Reason for Leaving: _____

2. Employment dates from: ____/____/____ to ____/____/____
 Company: _____ Salary: _____
 Address: _____ Supervisor: _____
 Phone: (____) _____ - _____ Job Title: _____
 Job Duties: _____
 Reason for Leaving: _____

3. Employment dates from: ____/____/____ to ____/____/____
 Company: _____ Salary: _____
 Address: _____ Supervisor: _____
 Phone: (____) _____ - _____ Job Title: _____
 Job Duties: _____
 Reason for Leaving: _____

4. Employment dates from: ____/____/____ to ____/____/____
 Company: _____ Salary: _____
 Address: _____ Supervisor: _____
 Phone: (____) _____ - _____ Job Title: _____
 Job Duties: _____
 Reason for Leaving: _____

References

List three references (not related), who have known you for at least one year.

Reference Name	Address	Phone Number	Years Known	How Do You Know Them?
		() -		
		() -		
		() -		

ASSURANCEJ HOMECARE SERVICES, INC.

ASSURANCEJ HOMECARE SERVICES, INC. Is an equal opportunity employer, and selects the best matched individual for the job based upon related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected group under state, federal or local Equal Opportunity Laws.

I UNDERSTAND AND AGREE THAT:

Any material misrepresented or deliberate omission of fact in my application may be justification for refusal of, or if employed termination from employment.

It is my understanding that ASSURANCEJ HOMECARE SERVICES, INC. will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interview. I authorize such investigation and the released from liability any person giving or receiving of any information requested by ASSURANCEJ HOMECARE SERVICES, INC. and released from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired may subject me to immediate dismissal.

I agree that my employment may be terminated by ASSURANCEJ HOMECARE SERVICES, INC. at any time without liability for wages and salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or locker that may be assigned to me, and hereby waive all claims of damages on account such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during examination by a qualified physician at the discretion of my employer. I understand that the result of my medical exam is the property of ASSURANCEJ HOMECARE SERVICES, INC. and will be kept confidential to the full extent of the law.

Although management makes every effort to accommodate individual preferences, business needs may at times the following conditions mandatory: overtime, shift work, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I understand that I am employed, such employment is for no definite period of time and that association can change wages, benefits, and conditions at any time.

I, the undersigned, certify that I have read and fully comprehend this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I made prove false, misleading or erroneous, it may result in the rejection of my application. I authorize the Agency to obtain from my present (unless otherwise indicated) and past employers all data needed to support this application. I further understand that this application becomes the property of ASSURANCEJ HOMECARE SERVICES, INC. and will not be returned.

Signature: X

Date: / /