

# APPLICATION FOR EMPLOYMENT



We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For (PCP, RN, Secretary, CNA, Aide, etc.) \_\_\_\_\_ Today's Date / \_\_ / \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary Employment? When could you start work? \_\_\_\_\_

_____	_____	_____	(____) _____
Last Name	First Name	MI	Telephone Number

\_\_\_\_\_

Present Street Address \_\_\_\_\_ City State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you 18 year of age or older? Yes  No  (If you are hired you may be required to submit proof of age.)

Social Security # \_\_\_\_\_ If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied here before? . . . . . Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? . . . . . Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)? . . . . . Yes  No

If yes, give details: \_\_\_\_\_

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? . . . . . Yes  No

If yes, please explain: \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? . . . . . Yes  No

Driver's License Number: \_\_\_\_\_ State of License: \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? . . . . . Yes  No

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal disability or other protected status.)

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LIST NAME AND ADDRESS OF SCHOOLS	# of Years Completed	Diploma/Degree	Subjects Studied
High School or GED _____	_____	_____	_____
College or University _____	_____	_____	_____
Vocational or Technical _____	_____	_____	_____

What skills or additional training do you have that are related to the job for which you are applying?

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What machines or equipment can you operate that are related to the job for which you are applying?

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

**MOST RECENT EMPLOYER**

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

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Company Name City State Phone Number

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
 Job Title Supervisor's Name

Duties \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_  
 Salary (Hour, Week, Month) Reason for Leaving

**SECOND MOST RECENT EMPLOYER**

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Company Name City State Phone Number

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
 Job Title Supervisor's Name

Duties \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_  
 Salary (Hour, Week, Month) Reason for Leaving

**THIRD MOST RECENT EMPLOYER**

\_\_\_\_\_  
Company Name City State (\_\_\_\_\_) Phone Number

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Job Title Supervisor's Name

\_\_\_\_\_  
Duties

\$ \_\_\_\_\_ per \_\_\_\_\_  
Salary (Hour, Week, Month) Reason for Leaving

**EMPLOYEE AVAILABILITY**

Please provide the following information on your availability to work for Chosen People Home Health Agency.  
Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

Please indicate the types of services which you are willing to provide:

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/vacuum)	<input type="checkbox"/>	Errands/Shopping/Transportation*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Activities (games/crafts)	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Dementia/Alzheimer's Care

*\*In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Type of Transportation you have / will use for home visits:

Make & Model of Vehicle: \_\_\_\_\_ Year of vehicle: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Do you have any allergies that would affect your work at CPHHA?  No.  Yes.

If yes, please list here: \_\_\_\_\_

Do you have a problem working with a client who smokes?  No.  Yes

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: \_\_\_\_\_Cats \_\_\_\_\_Dogs

How many hours are you willing to work per week? \_\_\_\_\_

Locations willing to work: \_\_\_\_\_

**REFERENCES (Do not include relatives)**

Please complete all three references. Your application will not be considered unless three references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H (    ) W (    )	AM / PM AM / PM		
2)	H (    ) W (    )	AM / PM AM / PM		
3)	H (    ) W (    )	AM / PM AM / PM		

**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 I have a 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 may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination.

I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CAUSE AND WITH OR WITH NOTICE. I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This application for employment will remain active for a limited time.

Initials: \_\_\_\_\_

**CHOSEN PEOPLE HOME HEALTH AGENCY TELEPHONE REFERENCE CHECK FORM #1**

**EMPLOYMENT INFORMATION:** To be completed by Applicant

Name of first Professional Reference To Be Contacted \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving this company: \_\_\_\_\_

I authorize the company I worked for and/or the individual listed above to release information about me to Chosen People Home Health Agency.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

**\*\*\*\*\*FOR OFFICE USE ONLY**

**EMPLOYMENT VERIFICATION:** To be completed by employer

*INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, \_\_\_\_\_ (name), has applied for employment at our company as a \_\_\_\_\_ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions"*

What was his/her position? \_\_\_\_\_ What were the dates of his/her employment? \_\_\_\_\_

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) \_\_\_\_\_

What were his/her strengths as an employee? \_\_\_\_\_

How would you rate his/her overall performance? \_\_\_\_\_

If you had an opening today for the same job, would you hire him/her? Why/why not? \_\_\_\_\_

Was he/she \_\_\_ dependable? \_\_\_ work well with other? \_\_\_ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward \_\_\_'s success on the job? \_\_\_\_\_

Is there anything else you think would be helpful for us to know about \_\_\_\_\_ in making our hiring decision? \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper.)*

**CHOSEN PEOPLE HOME HEALTH AGENCY TELEPHONE REFERENCE CHECK FORM #2**

**EMPLOYMENT INFORMATION:** To be completed by Applicant

Name of second Professional Reference To Be Contacted \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving this company: \_\_\_\_\_

I authorize the company I worked for and/or the individual listed above to release information about me to Chosen People Home Health Agency.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

**\*\*\*\*\*FOR OFFICE USE ONLY**

**EMPLOYMENT VERIFICATION:** To be completed by employer

*INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, \_\_\_\_\_ (name), has applied for employment at our company as a \_\_\_\_\_ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions"*

What was his/her position? \_\_\_\_\_ What were the dates of his/her employment? \_\_\_\_\_

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) \_\_\_\_\_

What were his/her strengths as an employee? \_\_\_\_\_

How would you rate his/her overall performance? \_\_\_\_\_

If you had an opening today for the same job, would you hire him/her? Why/why not? \_\_\_\_\_

Was he/she \_\_\_ dependable? \_\_\_ work well with other? \_\_\_ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward \_\_\_'s success on the job? \_\_\_\_\_

Is there anything else you think would be helpful for us to know about \_\_\_\_\_ in making our hiring decision? \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper.)*

# Chosen People

## Home Health Agency



3540 Summer Ave Suite 410, Memphis, TN 38122  
(901) 290-7914

### APPLICANT PROFILE / EMPLOYMENT SCREENING RELEASE:

*(Please Print Clearly.)*

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
 SSN: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Professional License Type: \_\_\_\_\_ State: \_\_\_\_\_ Lic #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Previous names (maiden / marriage etc.): \_\_\_\_\_ Date Changed: \_\_\_\_\_  
 (Attach additional sheet, if necessary.) \_\_\_\_\_ Date Changed: \_\_\_\_\_

Addresses: (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. Attach additional sheet, if necessary.)

1. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_
4. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

How long has applicant lived in state? \_\_\_\_\_

I authorize Chosen People Home Health Agency to initiate a consumer report on myself for the purpose of employment screening. Additionally, I authorize all references, corporations, schools, employers, credit bureaus, licensing boards, background check companies, government and law enforcement agencies or any other entity deemed necessary to release any information to Chosen People Home Agency that is required in connection with this screening. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to hold harmless Chosen People Home Health Agency, its subsidiaries and third-parties and/or any agent acting on its behalf, from any and all liability arising through the investigation of my background. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I further authorize that a photocopy of this authorization may serve as an original.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### OFFICE USE ONLY

Please indicate the services to be performed on this applicant.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Social Security Number Trace | <input type="checkbox"/> Education Verification    | <input type="checkbox"/> OIG/GSA Exclusion                 |
| <input type="checkbox"/> Employment Verification      | <input type="checkbox"/> Credit Report             | <input type="checkbox"/> Sex Offender Registry             |
| <input type="checkbox"/> Drivers History              | <input type="checkbox"/> County Level Court Record | <input type="checkbox"/> Professional License Verification |
| <input type="checkbox"/> Statewide Arrest Record**    | <input type="checkbox"/> Reference Check           | <input type="checkbox"/> Workers' Comp. Claims **          |

\*\* Indicates a separate release form may be required. APPLICANT Complete the following information as accurately as possible.