

What was the outcome of the complaint?

What year? _____ In what State? _____ What agency investigated? _____

9. Education, License and Certificates

Education	Name and Address of School	Course of Study	Years Completed	Degree/Diploma
High School				
Undergraduate College				
Graduate Professional				
Military Service				
Other (Specify)				
LICENSE TYPE	Date Issued / Date expires	Issuing Board		
CERTIFICATION	Date Issued / Date expires	Issuing Board		

10. Are you CPR Certified? () Yes () No Are you certified in First Aid? () Yes () No

If yes, give expiration dates: CPR _____ First Aid _____

11. Indicate any foreign languages (other than English) you speak, read, write

12. Have you ever lived or traveled in a foreign country? () Yes () No

If yes, where, when and how long? _____

13. Do you have homecare experience? () Yes () No How much? _____

14. Describe any specialized training, or skills and extra-curricular activities you enjoy in the boxes below:

Driving Ability

15. Are you a licensed driver? () Yes () No

Class of license _____ State _____ Date of Issue _____ Expiration Date _____

16. Have you ever had your driver's license suspended or revoked at any time in the past 5 years? () Yes () No If yes, give details: _____

17. Have you had a moving violation or accident in the past 3 years? () Yes () No If yes, give details: _____

18. Do you have a car? () Yes () No If so, what is the year, make, and model? _____

19. Are you willing to drive a client's vehicle? () Yes () No

20. Do you have auto insurance on your vehicle? () Yes () No

21. **Employment Experience** – Start with your most recent job. Include any job-related military service assignments and volunteer activities. If you need additional space, please continue on a separate sheet of paper.

Employer	Dates		Employed	Work Performed
	Start	To		
Address				
Phone Number				
Job Title	Rate of		Pay	
Supervisor	Start	Final		
Reason for leaving				

Employer	Dates		Employed	Work Performed
	Start	To		
Address				
Phone Number				
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Phone Number			
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Supervisor	Start	Final	
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Application

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applicant's Statement

I certify that the answers given herein are true and complete. I authorize an investigation of all of my statements contained in this application for employment as may be necessary by the Company (AHCSH) to arrive at an employment decision and as further authorized by Applicant Verification and Background Check Authorization form(s).

The application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that any employment relationship with this organization is "at will" meaning that I may resign at any time or the Company may discharge me at any time with or without cause.

In the event of employment, I understand that false or misleading information given on application or during my interview(s) may result in discharge. I understand, also, that I am required to abide by all rules of the company and applicable law:

Applicant Signature _____ **Date** _____

FOR HUMAN RESOURCES USE ONLY

___ Employee ___ Independent Contractor ___ PRN

Arrange Interview () Yes () No References verified by _____

Interview Date ___/___/___ Paperwork Complete () Yes () No

Recommended for employment () Yes () No Hire Date ___/___/___

Comments: _____

Interviewer Signature _____ **Date** _____

Application

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