

Employment Application

Availability: check all that you could work
Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___
Day hours ___ Evening hours (5-9 P) ___ nights (9 P-12 MN) ___ overnights ___ live-in ___

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired: [] Per Diem Number of Hours: _____
[] Part Time Number of Hours: _____
[] Full Time Number of Hours: _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

() Home Phone Number () Cell Phone Number or () Work Phone Number

Email address

Language skills other than English (written/spoken)

Have you ever been employed here before? Yes or No If yes, when?
Are you legally eligible for employment in the US? [] Yes [] No
If not legal citizen: Do you have a green card? [] Yes [] No
Do you have a social security card? [] Yes [] No
Has your visa expired? [] Yes [] No

REFERRAL INFORMATION

How did you hear about us? (Please check)
[] Newspaper Ad _____ Which newspaper? _____ [] Internet _____ Which site? _____
[] Current Employee _____ We'd like to thank them
[] Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____
Relationship: _____
Home Phone Number: () _____
Work Phone Number: () _____
Cell Phone Number: () _____

Grey to Glory Home Health an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Grey to Glory Home Health

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

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Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
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Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Military Service
Branch of Service: _____ Dates of Service: _____
Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
Special Schooling and/or Duties: _____

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate and do all required background/registry checks that are required for consideration for employment at the agency.

Employee Candidate Signature

Date