

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Full Name: _____

Social Security No. _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

Type (circle one): Home Cell Work Other

Alternate Phone #: _____

Type (circle one): Home Cell Work Other

Circle Answer (Yes or No)

- Are you 18 years of age or over? Yes No
- Are you a U.S. citizen? Yes No
- Have you ever served in the Armed Forces? Yes No
- Do you have a valid operator's (driver's) license? Yes No

o If yes, license number and state _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

Type (circle one): Home Cell Work Other

Alternate Phone #: _____

Type (circle one): Home Cell Work Other

QUALIFICATIONS

EDUCATION	SCHOOL NAME & LOCATION	GRADUATION DATE	COURSE/MAJOR
High School			
College			
Other			

Additional Certification/License: _____

APPLICATION FOR EMPLOYMENT cont'd

JOB INFORMATION

Position: _____ Date of Availability: _____ Salary desired: _____

Type of Employment Desired: _____ Part-Time _____ Full Time

RELEVANT EMPLOYMENT HISTORY (disregard if resume is attached)

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

APPLICATION FOR EMPLOYMENT cont'd

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact.

THREE (3) REFERENCES: (1) _____
(2) _____
(3) _____

STATEMENT OF AUTHORIZATION

I authorize CARE BY YOUR SIDE & SERVICES, LLC to contact each former employer, firm or corporation. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I also understand that if accepted by CARE BY YOUR SIDE & SERVICES, LLC, my employment is voluntarily entered into and I am free to resign at any time. Similarly, Confidential Health Services LLC is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

Applicant's Signature

Date

REFERENCE CHECK (2)

APPLICANT'S INFORMATION	
APPLICANT'S NAME	DATE OF APPLICATION
PREVIOUS EMPLOYER	
ADDRESS OF FORMER EMPLOYER	
TELEPHONE OF FORMER EMPLOYER	REASON I MAY RECEIVE BAD REFERENCE, IF ANY

I GIVE IHHP MY PERMISSION TO OBTAIN A WORK RELATED REFERENCE FROM THE ABOVE MENTIONED FORMER EMPLOYER AND TO USE MY SOCIAL SECURITY NUMBER IF NEEDED.

SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATURE

OFFICE USE ONLY

EMPLOYEE INFORMATION (APPLICANT DO NOT WRITE IN THESE SPACES)

START DATE: ___/___/___	POSITION AND DUTIES:		
END DATE: ___/___/___			
REASON FOR LEAVING OR TERMINATION:			
WOULD YOU REHIRE? YES ___ NO ___		IF ANSWER IS NO. REASON WHY.	
QUALITY OF WORK:	GOOD _____	FAIR _____	POOR _____
WORKS WELL WITH OTHERS:	GOOD _____	FAIR _____	POOR _____
JOB KNOWLEDGE/SKILLS:	GOOD _____	FAIR _____	POOR _____
ATTENDANCE/DEPENDABILITY:	GOOD _____	FAIR _____	POOR _____
COMMENTS:			
HOW VERIFIED: _PHONE _MAIL _FAX		TITLE	DATE
INFORMATION PROVIDED BY:			
NAME OF REP. COLLECTING INFORMATION:		TITLE	DATE