

ASHLAND HOME CARE, INC.

Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or other legally protected status.

PLEASE PRINT

Position Applying For:			Date of Application:		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address		Number		Street	
				City	
				State	
				Zip Code	
Land Line _____			Social Security Number:		
Cell Phone _____					
E-mail _____					

Have you ever filed an application with us before? YES NO
 If Yes, give date _____

Have you ever been employed with us before? YES NO
 If Yes, give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you been convicted of a felony within the last 5 years? YES NO
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Have you ever had any job related training in the United States military? YES NO

If yes, please describe _____

Do you have any physical condition or handicap which may limit your ability to perform the position(s) for which you are applying? YES NO

If yes, are there special methods, procedures, or devices which might qualify you for positions you might not otherwise be able to perform because of your physical condition or handicap? YES NO

If yes, please describe _____

EMPLOYMENT EXPERIENCE - List below three employers, starting with the most recent

EMPLOYER		DATE EMPLOYED		WORK PERFORMED
		TO	FROM	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYER		DATE EMPLOYED		WORK PERFORMED
		TO	FROM	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYER		DATE EMPLOYED		WORK PERFORMED
		TO	FROM	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

REFERENCES - Give the name, address and telephone number of three references who are not related to you and are not previous employers. (e.g.: co-worker, pastor, instructor, or teacher)

1. _____

2. _____

3. _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY
SPECIAL TRAINING
SPECIAL SKILLS

AUTHORIZATION

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 AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND THIS APPLICATION DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT OF ANY KIND. SHOULD I BE EMPLOYED BY THE COMPANY, I MAY RESIGN SUCH EMPLOYMENT AT ANY TIME AT MY DISCRETION WITH OR WITHOUT PRIOR NOTICE AND THE COMPANY MAY TERMINATE MY EMPLOYMENT AT ANY TIME AT THEIR DISCRETION OR WITHOUT CAUSE AND WITH OR WITHOUT PRIOR NOTICE.

Date _____

Signature of Applicant _____

