

VINTAGE HEALTHCARE SERVICES, INC

HOME SERVICES EMPLOYMENT

Application for Employment

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____

Social Security Number _____

Do You Smoke? Yes No

Times you are available to work:

Weekdays _____

Saturday _____

Sunday _____

Are you a U.S. citizen? Yes No

If no, give Alien Registration Card or Work Permit Number: _____

Transportation

Do You Drive Yes No

Do you have reliable transportation? Yes No

Do you have a valid driver's license? Yes No

Driver's License # _____

Criminal History

Have you ever been convicted of a felony? (A felony is defined as an offense punishable by imprisonment for one Yes No year or more.)

If yes, please explain: _____

Education

Name of School and Location	Dates Attended	Accomplishment
High School		
College		
Vocational		
Other		

Previous Employment

Employer Name and Address	Dates Employed	Salary	Job Duties
	From: To:		Supervisor: _____ Phone Number: _____ Reason for leaving: _____
	From: To:		Supervisor: _____ Phone Number: _____ Reason for leaving: _____
	From: To:		Supervisor: _____ Phone Number: _____ Reason for leaving: _____

Can I contact your current/previous employers? Yes No

If not, why? _____

Please list any additional qualifications or skills you feel are applicable to the position you are applying for:

Please provide the names, current address and current phone numbers of at least two personal references.

Name	Address	Phone
		()
		()
		()

I hereby certify that the information I have provided is true and accurate to the best of my knowledge. I am aware that if an investigation reveals any false statements or information, I will no longer be considered for employment. If already employed, employer reserves the right to terminate my employment at any time. I hereby authorize employer or representative to conduct a background investigation into my character and past employment history.

Signature of Applicant Date

For Office Use Only

Hire Date _____

By: _____ Date _____

AUTHORIZED RELEASE OF INFORMATION

I hereby authorize any person, educational institution, private or governmental body or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Vintage Healthcare Services, Inc., any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed:

Date: _____