

APPLICATION FOR EMPLOYMENT

RAY OF HOPE, LLC — IN-HOME HEALTH CARE SERVICE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE 1 _____ PHONE 2 _____ SOC. SEC.# _____

ARE YOU WILLING TO HAVE A CRIMIINAL CHECK DONE? _____

DRIV. LIC. EXPIRATION DATE _____ DRIVERS LIC. # _____

CURRENT TB TEST DATE _____ CLIENT PREFERENCES DO YOU SMOKE _____

CNA? _____ IF NOT, ARE YOU WILLING TO RECEIVE CNA TRAINING WITHIN 90 DAYS? _____

CURRENT CPR CERT.? _____ FIRST AID TRAINING? _____

EMPLOYMENT DESIRED

POSITION DESIRED _____ DATE AVAILABLE _____ SALARY DESIRED _____ YEARS EXPERIENCE _____

PRESENTLY EMPLOYED? _____ MAY WE CALL? _____ PHONE # _____ COMPANY/CONTACT _____

APPLIED WITH US BEFORE? _____ WHEN? _____ REFERRED BY _____

FORMER EMPLOYERS — LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST

DATES _____ NAME/COMPANY _____ ADDRESS _____ PHONE _____

POSITION _____ SALARY _____ REASON FOR LEAVING _____

DATES _____ NAME/COMPANY _____ ADDRESS _____ PHONE _____

POSITION _____ SALARY _____ REASON FOR LEAVING _____

DATES _____ NAME/COMPANY _____ ADDRESS _____ PHONE _____

POSITION _____ SALARY _____ REASON FOR LEAVING _____

REFERENCES – LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME/BUSINESS/CONTACT	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
NAME/BUSINESS/CONTACT	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
NAME/BUSINESS/CONTACT	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____

HAVE YOU FILED AN APPLICATION OR INTERVIEWED HERE BEFORE? YES NO DATE _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES NO DATE _____

REASON FOR NOT HIRING WITH US OR REASON FOR LEAVING _____

ANYTHING YOU'D LIKE TO TELL US

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

SIGNATURE DATE

ADMINISTRATIVE OFFICE ONLY

INTERVIEWED BY: _____ DATE: _____ REMARKS: _____

REFERENCES CHECKED BY: _____ COMMENTS: _____

HIRED: () YES () NO POSITION: _____ TB TEST TAKEN: _____

PHOTO TAKEN DATE _____ START DATE: _____

STARTING WAGE: _____ 90-DAY EVALUATION DATE: _____ RAISE: _____