

Name: _____ Date: _____

CREDENTIALS NEEDED FOR HIRE

Office Locations

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Management | <input type="checkbox"/> Rockwall |
| | <input type="checkbox"/> Palestine |
| | <input type="checkbox"/> Desoto |

RN, LVN, PT, OT, ST, SW & HHA

Driver's License
Social Security Card
Car Insurance
CPR (HCN does not accept on-line CPR training)
Professional License
TB Testing

OFFICE STAFF

Driver's License
Social Security Card
Car Insurance

**PLEASE HAVE ALL YOUR CREDENTIALS LISTED ABOVE
AVAILABLE.**

(All applications will be kept on file for 3 months)

Thank You!

Ph: 972-270-2000
Fax: 972-613-3435

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of non-job related conditions or handicaps as specified by the federal and state.

PERSONAL INFORMATION

Name (Last Name First)			Today's Date	
Present Address	Apt#	City	State	Zip
Permanent Address	Apt#	City	State	Zip
Are you 18 years Or older? <input type="checkbox"/> yes <input type="checkbox"/> no	Phone#	E-mail	Social Security #	Date of Birth

DESIRED EMPLOYMENT

Position	Date you can start	Salary Desired
Are you employed now? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, may we inquire of your Present employer? []yes []no	
Ever applied to this company before? <input type="checkbox"/> yes <input type="checkbox"/> no	Where?	When?
Ever worked for this company before? <input type="checkbox"/> yes <input type="checkbox"/> no	Where?	When?
Reason for Leaving:		
Do you have any friends, relatives, or acquaintances working for Company? [] Yes or [] No		
If yes state name and relationship:		
Name of last Supervisor at this Company:		
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Other		

GENERAL

Are you willing to travel using your own car for agency work? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you have Auto Liability Insurance? <input type="checkbox"/> yes <input type="checkbox"/> no
Specify office machines or equipment you operate:
Typing: <input type="checkbox"/> yes <input type="checkbox"/> no Speed: _____ Shorthand <input type="checkbox"/> yes <input type="checkbox"/> no Speed: _____

List all Licenses and Certifications that you hold:

Type: _____	Number: _____	Expiration Date: ____/____/____
Type: _____	Number: _____	Expiration Date: ____/____/____
Type: _____	Number: _____	Expiration Date: ____/____/____

Education

School Level	Name and Location of School	Dates Attended	Degree	Area of Study
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

FORMER EMPLOYERS

List below last three (3) employers, starting with the most recent one first.

Name of present Employer:				
Address	Suite#	City	State	Zip
Start Date:	Leaving Date:		Job Title:	
Weekly Starting Salary:	Weekly Final Salary:		May we contact your Supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of Supervisor:	Title:		Phone#	Ext#
Description of work:				
Reason for leaving: Still working				

Name of Employer:				
Address	Suite#	City	State	Zip
Start Date:	Leaving Date:		Job Title:	
Weekly Starting Salary:	Weekly Final Salary:		May we contact your Supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of Supervisor:	Title:		Phone# ()	Ext#
Description of work:				
Reason for leaving:				

Name of Employer:				
Address	Suite#	City	State	Zip
Start Date:	Leaving Date:		Job Title:	
Weekly Starting Salary:	Weekly Final Salary:		May we contact your Supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of Supervisor:	Title:		Phone# ()	Ext#
Description of work:				
Reason for leaving:				

References

Below, give the names of three persons you are not related to, whom you have known at least one year.

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

Service Record

Branch of Service	Discharge Date & Rank

Have you been convicted of a felony within the last 5 years?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, explain: (Will not necessarily exclude you from consideration)		
I authorize the agency to perform a criminal history investigation.	<input type="checkbox"/> yes	<input type="checkbox"/> no

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 and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of the time, or to make agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature: _____

Date: ____/____/____

Equal Opportunity Employment Information

(This information is voluntary and in no way affects the outcome of your application. This form will be detached from your application and will be kept separate and confidential)

Home Care Network, Inc. is an Equal Opportunity Employer. We are required by the state and federal governments to maintain certain statistical information on our job applicants and employees. We appreciate your *voluntary* cooperation in answering the questions on this questionnaire.

Name: _____

Social Security Number: _____

Position applying for: _____

Birth date: ____/____/_____

Sex: Male ↑ Female ↑

Please check any applicable boxes:

Disabled Veteran ↑ Vietnam Era Veteran ↑ Handicapped Individual ↑

Ethnic Origin:

- ↑ White – persons of European Descent.
- ↑ Black – persons of African descent as well as Jamaican, Trinidadian and West Indian.
- ↑ Hispanic – persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent.
- ↑ Native American – persons who identify themselves as American Indian, Native Alaskan, Aleut, Eskimo.
- ↑ Native Hawaiian or Pacific Islander
- ↑ Asian American – persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani or East Indian descent.

Signature: _____ Date: _____

Employer Reference Information Request

For Office Use Only

To: _____

Address: _____

Employee: _____

Position Held: _____

Dates of Employment: _____

Reason for Leaving: _____

Signature of Applicant: _____

The above named person has applied for a position with our company. We are requesting an employment/personal reference. A complete and prompt response would be greatly appreciated. All information will be held in strict confidence.

Please rate this person in the following areas:

Quality of work Excellent Good Satisfactory

Attendance Excellent Good Satisfactory

Dependability Excellent Good Satisfactory

Professional Conduct Excellent Good Satisfactory

Eligible for rehire? **Yes** **No**

Person Verifying the Reference: _____ Position: _____

Telephone verification of the above information

Information received from/Position

Signature of Company Representative

Employer Reference Information Request

For Office Use Only

To: _____

Address: _____

Employee: _____

Position Held: _____

Dates of Employment: _____

Reason for Leaving: _____

Signature of Applicant: _____

The above named person has applied for a position with our company. We are requesting an employment/personal reference. A complete and prompt response would be greatly appreciated. All information will be held in strict confidence.

Please rate this person in the following areas:

Quality of work ___ Excellent ___ Good ___ Satisfactory

Attendance ___ Excellent ___ Good ___ Satisfactory

Dependability ___ Excellent ___ Good ___ Satisfactory

Professional Conduct ___ Excellent ___ Good ___ Satisfactory

Eligible for rehire? ___ **Yes** ___ **No**

Person Verifying the Reference: _____ Position: _____

___ Telephone verification of the above information

Information received from/Position

Signature of Company Representative

Personal or Academic Reference Information Request

For Office Use Only

To: _____

Address: _____

Employee: _____

How long Acquainted: _____

Relationship to Employee: _____

Signature of Applicant: _____

The above named person has applied for a position with our company. We are requesting an employment/personal reference. A complete and prompt response would be greatly appreciated. All information will be held in strict confidence.

Please rate this person in the following areas:

Quality of work Excellent Good Satisfactory

Attendance Excellent Good Satisfactory

Dependability Excellent Good Satisfactory

Professional Conduct Excellent Good Satisfactory

Eligible for rehire? **Yes** **No**

Person Verifying the Reference: _____ Position: _____

Telephone verification of the above information

Information received from/Position

Signature of Company Representative

Personal or Academic Reference Information Request

For Office Use Only

To: _____

Address: _____

Employee: _____

How long Acquainted: _____

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Signature of Applicant: _____

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Please rate this person in the following areas:

Quality of work Excellent Good Satisfactory

Attendance Excellent Good Satisfactory

Dependability Excellent Good Satisfactory

Professional Conduct Excellent Good Satisfactory

Eligible for rehire? **Yes** **No**

Person Verifying the Reference: _____ Position: _____

Telephone verification of the above information

Information received from/Position

Signature of Company Representative

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

Interviewed by:	Date:
Comments:	

Interviewed by:	Date:
Comments:	

Interviewed by:	Date:
Comments:	

Hire (Date) for Dept.		For Position:	
Salary Wages		Will Report (Date)	
Approved 1	Administrator		Date:
Approved 2	Director of Nursing		Date:
Approved 3	Human Resources		Date:
Approved 4	Other		Date: