

ACE HOME HEALTH CARE



APPLICATION FORM

DATE: _____

Name:

(Last)

(First)

(Middle)

Street Address: _____

(City)

(State)

(Zip)

Mailing Address (if different): _____

(City)

(State)

(Zip)

Phone: _____ Pager/Cell: _____

EMAIL: _____ Expected Hourly Rate: _____

Position: CNA Respite/Companion RN LPN PCA/HM Other: _____

Education:

High School: _____ Graduated: Yes No GED _____

College: _____ Graduated: Yes No _____

Other: _____ Graduated: Yes No _____

Personal References (No Relatives):

1. _____

2. _____

3. _____

(Name)

(Address)

(Phone)

Work History: (Past 5 Years)

Company Name: _____

Dates: From _____ To _____ Reason for leaving: _____

Company Name: _____

Dates: From _____ To _____ Reason for leaving: _____

Company Name: _____

Dates: From _____ To _____ Reason for leaving: _____

APPLICATION FORM Continued

ACE HOME HEALTH CARE



Age 18 or Older: **Yes** **No** Sex: **Female** **Male**

U.S. Citizen: **Yes** **No** Can you work legally in United States? **Yes** **No**

Currently Employed: **Yes** **No** Work for another Agency: **Yes** **No**

Reliable Transportation: **Yes** **No** Veteran: **Yes** **No** **Branch:** _____

Speak/Understand Foreign Languages: **Yes** **No** _____

Certifications/Expiration: _____

CRIMINAL HISTORY:

Have you ever been convicted of a misdemeanor? _____ **Yes** _____ **NO**

Have you ever been convicted of a Felony? _____ **Yes** _____ **NO**

If yes, explain _____

I hereby certify that the answers given by me to the foregoing questions and statements made, including representations in my resume (if given), are true and correct, without mental reservations of any kind whatsoever. I agree to submit to a physical examination or drug testing if requested, and understand that my enrollment will be contingent upon the results thereof. I also authorize my former employers to give any information they may have regarding my employment history. If, upon investigation, anything contained in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of my employment. I understand my first 90 days are on a probationary basis and that during such period, after which time employer or contractor may terminate employment or contractual agreement to the company.

Signature of Applicant: _____ Date: _____

Interviewed by: _____ Start Date of Services: _____