

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS COMPLETELY

PERSON	AL						
NAME: _	T		F ' aut		N. (1	11.	Mailan
	Last		First		Mid	lale	Maiden
ADDRES	S:						
	Number	Street	City		State	Zip Code	County
PHONE:	HOME: ()		WORK: ()	=	CELL: ()
	PAGER: ()		FAX: ()		OTHER: ()
EMAIL A	DDRESS:				SOCIA	L SECURITY NO:	
EMERGE	ENCY CONTACT / RI	ELATIONSHIP: _				PHONE: ()
CLASSIF	TICATION: 🛛 RN	LPN PT	OT CNA	OT:	HER		
LICENSE	E / CERTIFICATION #	<i>t</i> :		STA	TE ISSUED:	EXP. DAT	`E://
Has your	license ever been susp	ended or revoked?	□ YES □ N	O Exp	lain:		
POSITIO	N APPLYING FOR: _			SAI	ARY REQU	IREMENTS: \$	per visit / hour / year
Are you a	vailable to work:	FULL TIME	PART TIME	D PER	DIEM		
Specify da	ays / hours you may be	available:					
Do you ha	ave a current driver's l	icense? UYES	□ NO If yes,	what sta	ate issued it? _	LICENSE	. #

EDUCATION

ТҮРЕ	NAME / LOCATION OF SCHOOL	# OF YRS. ATTENDED	DEGREE AWARDED	MAJOR FIELD				
High School								
College								
Graduate								
Trade, Business, Correspondence								
Are you currently enrolled in any course(s) now?								
How many days/nights per week? Course completion date(s):								
Please comment on any experience, skills, or qualifications you have which would be valuable to Revolutionary Home Health.								

EMPLOYMEN	T HISTORY	(List below p	resent and	past emplo	oyment, beginning with you	ur most recent.)		
EMPLOYER:						PHONE: ()	
ADDRESS:	Number			City	State	Zip Code	County	
EMPLOYMENT	Г DATES: FRO	DM	TO		POSTION HELD:			
DESCRIBE JOE	B DUTIES:							
SUPERVISOR:					PAY RATE: START		_FINISH	
								_
ADDRESS:	Number	Street		City	State	Zip Code	County	
EMPLOYMENT	Г DATES: FRO	DM	ТО		POSTION HELD:			
DESCRIBE JOE	B DUTIES:							
SUPERVISOR:					PAY RATE: START		_ FINISH	
								TES 🗖 NO
ADDRESS:	Number	Street		City	State	Zip Code	County	
EMPLOYMENT	Γ DATES: FRO	DM	TO		POSTION HELD:			
DESCRIBE JOE	B DUTIES:							
SUPERVISOR:					PAY RATE: START		_ FINISH	
REASON FOR I	LEAVING:					MAY WE CO	NTACT? 🛛 Y	TES 🗖 NO

REFERENCES (Do not list relatives.)

NAME	ADDRESS	PHONE #	OCCUPATION

AGREEMENT

I understand, agree, and acknowledge that any employment relationship that may result from this application will be of an at-will nature only, which means that I may resign at any time and for any reason and that the company may terminate my employment at any time and for any reason with or without cause. I also understand, agree, and acknowledge that no employee of the company has any authority whatsoever to make any promises or arrangements with me that changes the at-will nature of any employment relationship that may result between me and the company.

In the event of my potential employment, I understand, agree, and acknowledge that: (1) any false, omitted, or misleading information provided by me either in my resume, on this job application form, or in interviews may result in my discharge at any time in the future; (2) I am required to abide by all personnel policies, rules, and regulations of the company if I am hired; (3) I authorize the investigation of all statements by the company and/or its agents contained in this application, my resume, or made during any interview as may be necessary in arriving at an employment decision with respect to my application.; (4) this application shall be considered active for a period of time not to exceed six months, and should I wish to be considered for employment beyond this time period I agree to submit an additional application in the future; (5) I consent to a pre-employment drug screen and criminal background check and I acknowledge that if at any time the company learns that the drug screen yields a positive result, the company may withdraw and revoke any offer of employment; and (6) I certify that all answers and information given herein are true and complete to the best of my knowledge.

I AGREE TO THE ABOVE TERMS.

APPLICANT SIGNATURE: _____ DATE: _____ DATE: _____