



PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

# ELITE HOME HEALTH AGENCY



## APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

### OFFICE ONLY

Typing  Yes  No \_\_\_\_\_ WPM  
10-key  Yes  No \_\_\_\_\_ WPM  
Word Processing  Yes  No \_\_\_\_\_ WPM  
Personal Computer  Yes  No PC  Mac   
Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by **Elite Home Health Agency** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Elite Home Health Agency**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner of the Company. Both the undersigned and **Elite Home Health Agency** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in **Elite Home Health Agency**.

# STOP HERE

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## POST EMPLOYMENT INFORMATION FORM

### TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height \_\_\_\_\_ ft. \_\_\_\_\_ in.      Weight \_\_\_\_\_      Birth date \_\_\_\_\_  
Married  Yes  No    If married, how long? \_\_\_\_\_     Single     Separated     Divorced     Widowed  
Full name of spouse \_\_\_\_\_      Occupation \_\_\_\_\_  
Name of company \_\_\_\_\_      Telephone (\_\_\_\_) \_\_\_\_\_

### PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_      Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_      Relationship \_\_\_\_\_

### FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_      Job title \_\_\_\_\_      Dept. \_\_\_\_\_  
Location \_\_\_\_\_      Rate of pay \_\_\_\_\_       Full-time     Part-time     Salaried  
Applicant's signature acknowledging above information \_\_\_\_\_  
Drug test confirmation number \_\_\_\_\_  
Name of person verifying information \_\_\_\_\_  
Name of person authorizing employment \_\_\_\_\_  
  
Date of 90 day review \_\_\_\_\_      Date of 6 month review \_\_\_\_\_  
Sign-on Bonus Amount \$ \_\_\_\_\_ .00  
Dates of Sign-on Bonus Payouts: 50% @ 6 month review \_\_\_\_\_      50% @ 12 month review \_\_\_\_\_