

# Application for Employment



**Date:**

**Name:** Last First Middle Former Last Name(s)

**Home Phone:** ( ) **Cell Phone:** ( )

**Address:**

**City:** **State:** **Zip Code:**

**Social Security Number:** **Email Address:**

**PERSONAL**

If hired, can you furnish proof that you are a U.S. Citizen or otherwise legally permitted to work in the United States?  Yes  No

How were you referred to Western Home Care?

Names of relatives working at Western Home Care?

Have you been convicted of a felony (not including minor traffic violations) within the last seven years?  Yes  No  
(A conviction will not necessarily exclude you from consideration for employment).

**Date:** **Conviction(s):**

**City/County/State:** **Disposition:**

Have you ever experienced any adverse professional liability judgments?  Yes  No

If Yes, please explain:

**POSITION**

**Position Desired:** **Salary Requirements:**

**Date Available:** **Have you previously been employed at Western Home Care?**  Yes  No

**Hours Available:**  Full-time  Part-time  Temporary or As Needed

**Shifts Available:**  Days  Evenings  Nights  Weekends

**EDUCATION/TRAINING**

School Name and Address	Years		Degree/Cert. Obtained	Grade Average	Course Study/ Major
	From	To			

**High School:**

City, State

**Vocational/Technical School:**

City, State

**College/University:**

City, State

**Graduate School:**

City, State

**Post Graduate School:**

City, State

**Military:**

City, State

**Licensure (current only):**

State

License No.

Expiration Date

**Specialty:**

Certification

Title

Certification Date

**Skills:**  PC  Internet  Other:  Word  Excel  PowerPoint  
 Typing:  Access  Publisher  Lotus Notes  
 Other:  Project  Other: \_\_\_\_\_

**Please list any professional memberships or trade associations (excluding ones that indicate race, sex, religion, national origin, etc.):**

# WESTERN HOME CARE is an Equal Opportunity Employer

WORK EXPERIENCE

Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor/Title: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Title: \_\_\_\_\_

Base Salary: Beginning \$ \_\_\_\_\_ (HR/MO/YR) Ending \$ \_\_\_\_\_ (HR/MO/YR)

Total Compensation: Beginning \$ \_\_\_\_\_ (HR/MO/YR) Ending \$ \_\_\_\_\_ (HR/MO/YR)

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact employer?  Yes  No

Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor/Title: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Title: \_\_\_\_\_

Base Salary: Beginning \$ \_\_\_\_\_ (HR/MO/YR) Ending \$ \_\_\_\_\_ (HR/MO/YR)

Total Compensation: Beginning \$ \_\_\_\_\_ (HR/MO/YR) Ending \$ \_\_\_\_\_ (HR/MO/YR)

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact employer?  Yes  No

Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor/Title: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Title: \_\_\_\_\_

Base Salary: Beginning \$ \_\_\_\_\_ (HR/MO/YR) Ending \$ \_\_\_\_\_ (HR/MO/YR)

Total Compensation: Beginning \$ \_\_\_\_\_ (HR/MO/YR) Ending \$ \_\_\_\_\_ (HR/MO/YR)

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact employer?  Yes  No

BUSINESS REFERENCES

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

CERTIFICATION

"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 reference checks to give you any and all information concerning my previous employment and any pertinent information that I may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is at-will and for no definite period and may, regardless of the date of payment of my wages and salary, be terminated, at my discretion or at the discretion of Western Home Care, at any time without prior notice."

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_