

Amistad Homecare Inc.

Application for Employment

It is this company's policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, or disability.

Applicant's name: Last Name		First Name		Middle Initial	Maiden Name
Address:			City	State	zip code
Home Phone Number		Cellular Phone Number		Emergency Contact Info (Include name and phone number)	
Position Applying for:	Salary Requirements:	Date Available:	What type of work are you seeking?		
<input type="text"/>			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit <input type="checkbox"/> Temporary		

Do you have adequate means of transportation to get to work on time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Driver's License number _____ State _____
Are you a United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you checked No, do you have the legal right to remain in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you been convicted of a crime (excluding misdemeanors and traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security number
Are you presently charged with any crime or under indictment for a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ - _____ - _____

Educational Background

Name of School or College	City/State	Years Completed	Field of Study	Graduate or Degree

Professional Licenses

License _____ State _____ Number _____

License _____ State _____ Number _____

Skills applicable for job position in which you are applying for:

Which languages do you speak?

Do you know anyone presently working for Amistad Homecare, Inc? If so, whom?

Work History

Please include the past ten years of employment.

Company Name	Complete Address	Phone number	Supervisor
Dates of Employment	Reason for Leaving:	<input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Salary _____	Is it okay to contact your supervisor?
Describe your duties, responsibilities and accomplishments:			

Company Name	Complete Address	Phone number	Supervisor
Dates of Employment:	Reason for Leaving:	<input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Salary _____	Is it okay to contact your supervisor?
Describe your duties, responsibilities and accomplishments:			

Company Name	Complete Address	Phone number	Supervisor
Dates of Employment:	Reason for Leaving:	<input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Salary _____	Is it okay to contact your supervisor?
Describe your duties, responsibilities and accomplishments:			

Personal References:

Name	Relationship	Phone Number	Address

Please review and sign:

I certify that the following information in this application is true and complete for all practical purposes. It may be verified by Amistad Homecare or any other affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that Amistad Homecare or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and a that I am subject to immediate discharge without recourse.

I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that if I am offered employment by Amistad Homecare, my employment will for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause and without prior notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the administrator of the facility.

I understand if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check.

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my history.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

References Checked	Position Hired for: _____	Date of Hire _____	Full Time PRN Part Time Salary _____	