



Every child is a story yet to be told...

# Employment Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Cell/Other

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? Yes\_\_\_ No\_\_\_

POSITION APPLYING FOR :

SALARY REQUIREMENTS:

DATE ABLE TO BEGIN:

HOW WERE YOU REFERRED TO PARIS PEDIATRIC HOME HEALTH?

EDUCATION: \_\_\_\_\_  
High School Name Last yr completed Major

College Name Location Last yr completed Major

Graduate School Location Last yr completed Major

Business School Name Location Last yr completed Major





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**CLINICAL/HEALTH CARE APPLICANTS ONLY**

LICENSE TYPE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

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**WORK EXPERIENCE**

\_\_\_\_\_  
COMPANY NAME (PRESENT OR MOST RECENT)

DATE FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
COMPANY ADDRESS TITLE SALARY

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR TELEPHONE #

REASON FOR LEAVING \_\_\_\_\_



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**WORK EXPERIENCE CONTINUED**

COMPANY ADDRESS	TITLE	SALARY
JOB DUTIES: _____		
_____		
_____		
_____		
SUPERVISOR	TELEPHONE #	
REASON FOR LEAVING _____		

**REFERENCES:**

NAME	COMPANY	TITLE	TELEPHONE
_____	_____	_____	_____
NAME	COMPANY	TITLE	TELEPHONE

**GENERAL INFORMATION**

Have you ever been convicted of a felony or misd. Crime \_\_\_\_ Yes \_\_\_\_ No

Have you ever been bonded? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Have you ever been refused a bond? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Are you bound by a non competition agreement of your current or previous employer? \_\_\_\_\_



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**APPLICANT ACKNOWLEDGEMENT**

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I authorize Paris Pediatric Home Health Care to conduct investigations in which information may be obtained through personal interviews with business associates, personal acquaintances, financial sources or other third parties regarding my employment history, credentials, character and credit background and to obtain any relevant information (including a criminal background check and consumer report) needed to make an employment during the course of the interview process for local, state, federal, contractual or accreditation audit purposes. I also authorize Paris Pediatric Home Health Care to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Paris Pediatric Home Health Care and any individual providing information to Paris Pediatric Home Health Care from all liability for any damages from the disclosure of this information.

I also understand that:

I may be subject to pre-employment drug testing or a drug test where a reasonable suspicion exists, or where warranted by circumstances, workplace conditions. I also understand that nothing contained in this application or in granting of an interview creates an employment contract between Paris Pediatric Home Health and myself for either employment of or the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established. I understand that my employment will be "at will," that I will have the right to terminate my employment at any time, and that Paris Pediatric Home Health Care will retain a similar right to terminate my employment at any time, with or without cause. I understand that this application is a continuous document and should any of the information which I have change, I am obligated to notify Paris Pediatric Home Health Care immediately. I understand that should I become employed , my work assignments, schedules and work locations are subject to change according to the needs of the business and the clients of Paris Pediatric Home Health Care.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by : Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT APPLICATION**

Mail to:  
info@parispediatric.com