

Apex Home Health Services

Tender Loving Care

Name: _____

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Last Name	First Name	Middle Name	Maiden/Other Name
Social Security Number	E-Mail Address	Cell Phone	Pager Number
Current Street Address	City	State	Zip Code
Permanent Street Address	City	State	Zip Code
Current Telephone	Permanent Telephone	Emergency Contact Name	Emergency Contact Number

Placement Information: Yes No

Ideal Number of Hrs/wk? _____ Date Available: ___/___/___ Available for Overnight Shifts?

Please Fill In Hours Available to Work For Each Day Below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Experience With Seniors and Special Needs Populations

Please tell us about any personal, volunteer or work related experiences that will help you in this position:

EMPLOYMENT LIMITATIONS

	YES	NO
Can you provide proof of your right to work in the U.S.?		
Do you have any limitations to performing the basic functions of the position for which you are applying? Explain:		
Have you ever been convicted of a crime that would prohibit your employment? (Conviction will NOT necessarily disqualify you from employment). If YES, please give date, charge, disposition and any other details you feel appropriate:		
Are you willing to submit to a criminal background investigation?		
Do you hold an active driver's license? If YES, in what state(s): Driver's License Number:		
Do you have a clean driving record? If NO, please explain:		
Is your auto insurance current and up to date?		
Have you had a TB test in the last 3 years? If Yes, When was it read?:		
Are you willing to submit to a drug test?		

When Completed, Please Email to info@ApexHHS.com or Fax to (888) 859-9501

Or mail to: Apex HHS 100 Sun Avenue NE, Suite 650

Albuquerque, NM 87109

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EDUCATION

	High School	College/Other	Extra Classes
School or Institution:			
Location:			
Please Indicate Highest Level Completed: (9th, 10th, GED, etc.)			
Date of Graduation:			
Degree Earned:			

CREDENTIALS: Do you have a CNA, HHA, or any other type of certification or license?

State	License Number	Date Issued	Date Renewed	Expiration	
Have You Ever Had Disciplinary Action Taken Against Any License, Or Are You Currently The Subject Of A Report or Investigation? If Yes, Explain:				YES	NO

EMPLOYMENT HISTORY

Please list most recent employment **first**.

Name of Employer	Address	City / State	Dates of Employment From: To:
Position / Specialty / Unit	Number of Beds	Supervisor's Name	Supervisor's Telephone
Nature of Assignment	Agency Name	Current or Ending Wage:	Eligible for Rehire? YES NO
Reason For Leaving:			

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Professional References: (List A Supervisor with Direct Personal Knowledge of Your Professional Skills)

Name:	Title:	Address or Email:	Phone # w/ Area Code:

Employment Agreement

By signing, I certify that the answers provided in this Employment Application are true and complete to the best of my knowledge. I hereby authorize Apex Home Health Services to investigate all statements contained in this application for employment, and I release any party from any claims based upon their providing information to Apex Home Health Services.

I understand and agree that any employment relationship with this organization is of an “at will” nature, which means that I may resign at any time, and the Employer may discharge me at any time with or without cause and with or without prior notice. It is further understood that this “at will” employment relationship may not be changed by any verbal statement or written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of Apex Home Health Services.

I agree to notify Apex Home Health Services immediately if I receive a job offer from a Client or family member while on an assignment, or within six months thereafter, or if I receive a job offer from a Client or family member within one year after I have been referred to that Client for a shift or position.

I agree to submit any dispute relating to my employment, including discrimination or termination issues, to binding arbitration. I understand that I am waiving my right to a jury trial and that arbitration will be the sole and exclusive remedy to resolve any such disputes.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Signature of Applicant

Date

We appreciate the time you've taken to fill out and submit this application. Save it before you send! You may submit by email or complete, print and fax to the number below. If you are more comfortable, feel free to print the form and fill out by hand and fax or mail. Every application is reviewed and each applicant is honestly evaluated for possible employment. We look forward to speaking with you about available opportunities with Apex Home Health Services.
Thank you!