

# HUMAN TOUCH HOME HEALTH CARE

## EMPLOYMENT APPLICATION

Please complete application in full, applications with omissions may not be considered

**Human Touch Home Health Care is an Equal Opportunities Employer:  
We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

### PERSONAL INFORMATION

NAME \_\_\_\_\_ SS # \_\_\_\_\_  
Last First M.I.

TELEPHONE NUMBERS \_\_\_\_\_  
Home Work Cell

ADDRESS \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
**(Please provide address history for the last 7 years, if extra space is needed please use the sheet at the back)**

Are you 18 or over? Yes No

Are you authorized to work in the United States? Yes No  
*Citizenship/Immigration status required upon employment*

POSITION APPLIED FOR \_\_\_\_\_

How did you hear about Human Touch?  
Advertisement Friend Inquiry Employment Agency Relative Other \_\_\_\_\_

Have you ever filed an application with us before? Yes No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before? Yes No  
If yes, give date \_\_\_\_\_

Do any of your friends or relatives work here? Yes No  
If yes, state name, relationship and location \_\_\_\_\_

### WORK AVAILABILITY

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Do you prefer: (check one) Full Time Part Time PRN

Days available for work: (check all that apply) Mon Tue Wed Thu Fri Sat Sun

What areas are you willing to travel to for an assignment? \_\_\_\_\_

Any lifting restrictions? \_\_\_\_\_  
(If so, explain)

## EDUCATION

School	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other/ Specify				

## \*\*EMPLOYMENT HISTORY\*\*

**\*\* Please list 7 years employment history. Use Extra Sheet if Additional Space is needed. \*\***

<b>Employer Info</b>	Employer:			Phone Number:	
	Address:				
	Position Held:			Supervisor:	
	Month/Year Started:	Starting Salary: _____	Visit Rate: _____	Hourly Rate: _____	
	Month/Year Ended:	Ending Salary: _____	Visit Rate: _____	Hourly Rate: _____	
	Reason for Leaving:			May We Contact?    Yes    No	
<b>Employer Info</b>	Employer:			Phone Number:	
	Address:				
	Position Held:			Supervisor:	
	Month/Year Started:	Starting Salary: _____	Visit Rate: _____	Hourly Rate: _____	
	Month/Year Ended:	Ending Salary: _____	Visit Rate: _____	Hourly Rate: _____	
	Reason for Leaving:			May We Contact?    Yes    No	
<b>Employer Info</b>	Employer:			Phone Number:	
	Address:				
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	Month/Year Started:	Starting Salary: _____	Visit Rate: _____	Hourly Rate: _____	
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	Month/Year Ended:	Ending Salary: _____	Visit Rate: _____	Hourly Rate: _____	
	Reason for Leaving:			May We Contact?    Yes    No	

**\*\* Please list 7 years employment history. Use Extra Sheet if Additional Space is needed. \*\***

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	Address:			
	Position Held:		Supervisor:	
	Month/Year Started:	Starting Salary: _____	Visit Rate: _____	Hourly Rate:
	Month/Year Ended:	Ending Salary: _____	Visit Rate: _____	Hourly Rate:
	Reason for Leaving:		May We Contact?    Yes    No	
<b>Employer Info</b>	Employer:		Phone Number:	
	Address:			
	Position Held:		Supervisor:	
	Month/Year Started:	Starting Salary: _____	Visit Rate: _____	Hourly Rate:
	Month/Year Ended:	Ending Salary: _____	Visit Rate: _____	Hourly Rate:
	Reason for Leaving:		May We Contact?    Yes    No	
<b>Explain any gaps in your Employment History:</b>				

<b>REFERENCES</b>		
<b>** References can NOT be a relative and must have known you for at least 6 months. **</b>		
<b>Reference #1</b>	Name:	
	Phone Number:	Best Time to Call:
	How does he/she know you?	
<b>Reference #2</b>	Name:	
	Phone Number:	Best Time to Call:
	How does he/she know you?	
<b>Reference #3</b>	Name:	
	Phone Number:	Best Time to Call:
	How does he/she know you?	

## APPLICANT'S STATEMENT

I hereby certify and affirm that the information on this application, and given in connection with this application, is correct and true. My identification documents are genuine, were obtained by me from authorized sources and represent valid proof of my personal identity.

I authorize a thorough investigation of my past employment and activities, including but not limited to, a criminal and child abuse check, and agree to cooperate in such an investigation. Further, I authorize any physician or hospital to release any information, which may be necessary to determine my ability to perform the essential functions of this position. In consideration of my receipt of this application and my being considered for employment, I hereby release from all liability or responsibility all persons and corporations requesting or supplying information.

I hereby agree to submit to any lawful drug or alcohol test that may be required as a condition of this application's consideration and understand that refusal to submit to such testing may result in termination.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment I understand that any false or misleading information or documents given in my application or interview(s), or the failure to disclose any relevant information, may be grounds for immediate termination. I understand, also, that I am required to abide by all rules and regulations of the employer.

By signing this application I affirm that I have read the "Applicant's Statement", that I understand the significance of the releases contained in Paragraph 2, that I intend to be legally bound by them and that I am agreeing to them knowingly and voluntarily.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Human Touch is an equal opportunity employer, we consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

**PLEASE LIST BELOW ADDRESS YOU HAVE RESIDED WITHIN THE LAST 7 YEARS**

NAME \_\_\_\_\_  
Last First M.I.

ADDRESS \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

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NAME \_\_\_\_\_  
Last First M.I.

ADDRESS \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

---

NAME \_\_\_\_\_  
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NAME \_\_\_\_\_  
Last First M.I.

ADDRESS \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

## HUMAN TOUCH HOME HEALTH CARE EMPLOYMENT VERIFICATION

### TO BE COMPLETED BY APPLICANT

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

ANY OTHER NAME USED \_\_\_\_\_ SSN \_\_\_\_\_

I acknowledge filing an application with Human Touch Home Health Care and I authorize Human Touch to obtain information from any appropriate source regarding my work experience, character, competence and ability to perform the job functions and duties of the position for which I am applying and authorize release of information from my former employer(s).

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Job Title \_\_\_\_\_ Employment Status: Full Time Part Time PRN

Compensation: Salary Hourly Per Visit Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### TO BE COMPLETED BY SOURCE

We are conducting a background investigation on the person named above, in order to determine his or her suitability for employment with Human Touch Home Health Care. Your company and/or name have been provided by the person named above. Please confirm the information contained above and return this form to Human Touch as soon as possible.

Is the information provided above the same as shown in your records? If no, please explain below Yes No

Is this person eligible for rehire: Yes No If no, please explain \_\_\_\_\_

EVALUATION OF PERFORMANCE:	Excellent	Good	Fair	Poor
Job Knowledge/Technical Skills				
Quality of Work				
Ability to Work with Others				
Initiative				
Punctuality/Attendance				

Mark any of the following pertaining to this person's employment status.

Currently Employed

Terminated for Cause

Reduction in Force

Resigned

Resigned after informed of possible discharge

Left employment by mutual agreement due to specific problems

Print Name & Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### TO BE COMPLETED BY APPLICANT

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date