

# 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)