

# Employment Application

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long \_\_\_\_\_                      Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Position applied for (1) \_\_\_\_\_                      Days/hours available to work  
 and salary desired (2) \_\_\_\_\_                      No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 (Be specific)                      Mon \_\_\_\_\_ Fri \_\_\_\_\_  
    Tue \_\_\_\_\_ Sat \_\_\_\_\_  
    Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_                      Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## STEVENS HOME HEALTH CARE REFERENCE CARD

The applicant named below has applied for a position with Stevens Home Health Care and has listed you as a previous employer. We would appreciate your assistance in verifying this applicant's employment and in evaluating his/her job performance so that we can maintain our high standards. All information provided will be held in strict confidence. Thank you

Does the information below correspond with your records? Yes \_\_\_ No \_\_\_ If No, please a correct information:

Evaluation Criteria

	EXCELLENT	GOOD	AVERAGE	POOR
ATTENDANCE				
PUNCTUALITY				
DEPENDABILITY				
QUALITY OF WORK				
KNOWLEDGE				
ACCEPTS SUPERVISION				
ATTIRE/DEMEANOR				

Comments \_\_\_\_\_

Name of Company/Patient or Person we spoke with \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### BELOW TO BE COMPLETED BY APPLICANT

\_\_\_\_\_  
 APPLICANT NAME (PRINT) SSN

\_\_\_\_\_  
 PREVIOUS EMPLOYER TELEPHONE

FROM \_\_\_\_\_ TO \_\_\_\_\_  
 Dates of Employment # of hours worked Position Held

Reason for leaving \_\_\_\_\_

I hereby authorize you to disclose all and any information concerning my employment with your company to Stevens Home Health Care. I understand this is in accordance with all applicable Federal and State Laws.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT DATE



**ACKNOWLEDGMENT AND CONSENT FOR  
RELEASE OF CONSUMER REPORT INFORMATION**

This is my consent to Stevens Home Health Care, Inc. and its affiliates subsidiaries, to obtain background information on me that includes consumer reports and/or investigate consumer reports for employment purposes now or at any time that I see or maintain employment or placement with or through Steven Home Health Care, and it's affiliates and subsidiaries. I understand that this may include personal references, employment and education verifications, personal credit histories reports, criminal and civil records, driving license and identification verifications, and any other information bearing on my character and trustworthiness.

This is to acknowledge that any medical or workers' compensation information sought will be requested in compliance with the Americans With Disabilities Act of 1990, and any related applicable state laws, and will be checked only after a conditional offer of employment. I understand that I will be given the name of the agency or source checked, if such information actually is sought and used.

I understand that the reporting of negative or adverse information will not necessarily disqualify me from employment, assignment, placement or advancement.

**THIS ACKNOWLEDGES THAT I UNDERSTAND AND CONSENT TO THE REPORTING OF CONSUMER REPORT AND CONSUMER INVESTIGATIVE REPORT INFORMATION ON ME NOW AND IN THE FUTURE.**

Signed Full Name: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Month Day Year

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