

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) _____
 (Be specific) No Pref _____ Thur _____
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
	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
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	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.

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: _____