



Employment Application

Paris Home Health Care is an equal opportunity employer regardless of race, color, religion, creed, sex, marital status, national origin, disability, age, veteran status, on-the-job injury, sexual orientation, political affiliation or belief. Employment decisions are made without consideration of these or any other factors that employers are prohibited by law from considering.

Date of application: _____ Referred by: _____

Name: _____
LAST FIRST MIDDLE

Present Address: _____
STREET CITY STATE ZIP

Phone: _____ Cell: _____
Email: _____

Previous Address: _____
STREET CITY STATE ZIP

How long at present address? _____ How long at previous address? _____

Type of Employment Desired: _____ Date available to start: _____
 Full Time Part Time

SSN: _____ Date of birth: _____
** This information is being requested to be in compliance with State regulation.*

Type of License Held (Circle One): Homemaker/Companion - CNA - CHHA - RN - LPN - N/A

License Issuing Authority: _____

License/ # _____ Expiration Date: _____

Do you have access to reliable transportation? YES NO

Do you have professional liability insurance? YES N/A

Person to be contacted in case of an emergency:

Name: _____ Telephone #: (____) _____

Address: _____ Relationship: _____

Prior Work Experience

List the most recent position held first.

Dates	Employer	Phone
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Job Title	Address
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Supervisor	Nature of Work/Responsibilities
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Reason for Leaving	Starting Hourly Rate/Salary
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May we contact for reference/verification?	Yes/ No/ Later	Final Hourly Rate/Salary
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Dates	Employer	Phone
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Job Title	Address
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Supervisor	Nature of Work/Responsibilities
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Dates	Employer	Phone
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Job Title	Address
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Supervisor	Nature of Work/Responsibilities
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Education

List schools attended (include city/state/country). Begin with last school attended.

<u>School</u>	<u>Degree Earned</u>	<u>Year</u>

References

List three business/work references that are not related to you. If not applicable, other references who are not related to you, whom have knowledge of your work ethic, experience and abilities.

<u>Name</u>	<u>Telephone</u>	<u>Years known</u>	<u>Relationship</u>

Please List your Ideal Schedule

Any additional days/hours you can be available

Please explain, in detail, any periods of unemployment over last 5 years

Why are you interested in this position?

What special qualifications do you have that would be helpful in this position (foreign language, etc)

I certify that the information contained in this application are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my immediate dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Paris Home Health Care other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Paris Home Health Care.

I give the employer and /or its agents, including consumer reporting bureaus, the right to investigate all statements made in this application for the purpose of employment and retention of employment. This background investigation may include, but is not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing &/or alcohol screening prior and during employment, including random testing, for cause which is due to reasonable suspicion or for post accident occurrences. It is Paris Home Health Care's policy not to continue employment of anyone who refused to take or tests positive for any illegal substance and/or drugs in their system regardless to the frequency or amount that they may have used. Medications which have been legally prescribed are excluded.

Signature of Applicant _____ Date ____/____/____