



**APPLICATION FOR EMPLOYMENT AT HOME CARE SERVICES OF RI**

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

**PERSONAL**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Date</b>
<input type="text"/>			<input type="text"/>
<b>Street Address</b>			<b>Home Phone</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Business Phone</b>
<input type="text"/>			<input type="text"/>
<b>S.S. #</b>			<b>Date of Birth</b>

Emergency contact (person not living with you)

Have you ever applied for employment with this Agency? Yes  No

How many hours a week are you available for work?

Are you legally eligible for employment in the United States? Yes  No

How did you learn of our organization? Newspaper Ad  Agency employee  Other

Are you willing to work:  Evenings?  Weekends?

Position applying for:  RN  LPN  CNA

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**EDUCATION:**

**School Name**                      **Location of School**   **Course of Study**           **Years of**   **Degree/Diploma**  
**College:**


**Vo-Tech or Trade:**


**High School:**


**Other:**


**Employment:**

**--List the last five years employment history, starting with the most recent employer.**

1. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Starting Pay: \_\_\_\_\_  
 Job Title and Describe your work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Starting Pay: \_\_\_\_\_  
 Job Title and Describe your work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Starting Pay: \_\_\_\_\_  
 Job Title and Describe your work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Was your last name different from your present name during the above listed jobs?

Yes  No

If Yes, what was your name?

Are you currently employed? Yes  No

Do you have reliable transportation? Yes  No

### PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. Name:  Telephone:

Address:

2. Name:  Telephone:

Address:

3. Name:  Telephone:

Address:

### GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home

Care and community support Agency? Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full:

Are you capable of performing the job set forth in the job description? Yes  No

If you answered No, which job requirement can you not meet?

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## CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I Authorize complete investigation of all statements contained herein and herby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that my result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period arid may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_