



HEALTHKEEPERZ EMPLOYMENT APPLICATION

Applicant Information							
Last Name			First		M.I.	Date	
Street Address					Apartment/Unit #		
City			State		ZIP		
Telephone No.		Mobile No.		Work No.			
E-mail Address							
Social Security No.							
Position Applied For							
Referral Source	<input type="checkbox"/> Advertisement		<input type="checkbox"/> Employee		<input type="checkbox"/> Private Employment Agency		<input type="checkbox"/> Government Employment Agency
	<input type="checkbox"/> Walk-in		<input type="checkbox"/> Relative				<input type="checkbox"/> Other
Name of source (if applicable)							
Date Available			Desired Salary				
If necessary best time to call you at home							
May we contact you at work		<input type="checkbox"/> Yes <input type="checkbox"/> No		Work number and best time to call:			
Type of Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-Op							
Type of work schedule desired			<input type="checkbox"/> Days		<input type="checkbox"/> Evenings		<input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Weekends
Are you able to meet the attendance requirements of the position?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you relocate if job requires it		<input type="checkbox"/> Yes <input type="checkbox"/> No		Will you travel if job requires it		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain			
Driver's License number if driving is an essential job function					State		

Education							
High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

References	
Please list three professional references.	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT HISTORY			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<p>SKILLS AND QUALIFICATIONS List any special training that may qualify you as being able to perform job-related functions in the position for which you are applying:</p>
<p>LICENSE AND CERTIFICATION INFORMATION List Licenses/Certification, #(if applicable), date issued, and expiration date.</p>

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____



To Whom It May Concern:

The applicant named below submitted an application for employment with us. Please use this sheet to verify his/her employment. All Comments Will Be Kept Strictly Confidential.

NAME _____

EMPLOYED FROM _____ TO _____

SOCIAL SECURITY # _____

*Authorization of Applicant _____
Signature

EMPLOYMENT EVALUATION (CHECK APPROPRIATE BOXES)

	Excellent	Good	Satisfactory	Fair	Poor
Attendance					
Attitude					
Dependability					
Job Knowledge					
Quality of Work					

Additional Comments: _____

Eligible for Re-hire ____YES ____NO If NO, please explain _____

Reason for Leaving: _____

Signature: _____ Title: _____ Date: _____

VOLUNTARY INFORMATION FORM

The completion of this form is strictly voluntary

Healthkeeperz is committed to equal opportunity and affirmative action in education and in employment. An important employment component of Healthkeeperz' Affirmative Action Program is a careful evaluation of the recruitment efforts of the agency. To meet this objective and to comply with applicable federal laws, regulations and executive orders, Healthkeeperz must collect and analyze the information requested below. **Safeguards have been instituted to ensure that the information cannot be used as a basis for discrimination.** Your co-operation in supplying the requested information will be greatly appreciated.

Date: _____ Name: _____
(Please Print)

Position Applied For: _____

Racial/Ethnic Background:

Black, non-Hispanic: A person having origins in any of the Black racial groups of Africa (Except, those of Hispanic origin).

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central, or South America, or other Spanish culture or origin, **regardless of race.**

Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

White, non-Hispanic: A person having origins in any of the original peoples of Europe, North Africa or the Middle East

Gender: _____ Male _____ Female

Disability: **Are you a person with a disability?** _____ Yes _____ No
(A qualified disability is defined as "... a physical or mental impairment that substantially limits one or more of the major life activities...")

Veteran Status:

Are you a Vietnam-Era Veteran? _____ Yes _____ No
Are you a disabled veteran? _____ Yes _____ No

How did you learn about this position? _____

Position Number Applied for: _____ Department: _____
(To be completed by hiring department)

Thank you for your application to Healthkeeperz and for your cooperation in submitting this Voluntary Information Form.