



Imperial Home Health

Application for Employment

Date: _____

SECTION I – Personal Information

Applicant Job Title

Recruitment ID (office use only):

Regular:

Full time Part time

Hours: _____

Days: _____

Per Diem:

Hours: _____

Days: _____

Last Name

First Name

M.I.

Address (Permanent)

Apt

City

State

Zip

Day Phone

Evening Phone

Email

Language(s) Spoken/Written

Please provide Registration Number with Department of Social Services

SECTION II - Education

High School Name: _____

State or Country: _____

Graduate: Yes - No

College Name: _____

State or Country: _____

Graduate: Yes - No

Type of Degree: _____

Other/License(s): _____

SECTION III - Experience

Please describe all relevant experience, including volunteer and other unpaid experience. Begin with your most recent position, and describe your employment history for the past 5 years.

Note: Supervisors may be contacted.

Employer, Location	Dates	Hours per week	Salary/Rate per hour
	/ to /		
Job Title	Supervisor		Number
Describe work:			
Reason for leaving:			
Employer, Location	Dates	Hours per week	Salary/Rate per hour
	/ to /		
Job Title	Supervisor		Number
Describe work:			
Reason for leaving:			
Employer, Location	Dates	Hours per week	Salary/Rate per hour
	/ to /		

Do you understand that your fingerprints will be sent to the Department of Justice and all offers of employment or continued employment will be subject to review of reportable criminal offenses, whether or not you have indicated them above?

Yes No

SECTION VI- Emergency Info

Name	Relationship
Day Phone Number:	Evening Phone Number:

Name	Relationship
Day Phone Number:	Evening Phone Number:

SECTION VII- References: *Please provide 3 names of people who are not related/living with you.*

Name	Relationship
Day Phone Number:	Evening Phone Number:

Name	Relationship
Day Phone Number:	Evening Phone Number:

Name	Relationship
Day Phone Number:	Evening Phone Number:

SECTION VIII- Confidentiality and Authorization

I, _____, authorize Company to verify the information I have provided and to make any investigation of my background deemed necessary as well as authorizing third parties (e.g. former employers, law enforcement organizations, financial institutions, and educational institutions) to provide information about me to the Company.

I, _____, agree if employed by Company, to sign and comply with further agreements in order to fulfill my employment process, which may include all legally permissible medical examinations and drug/alcohol screenings required by the company.

I, _____, understand that employment with Company is at will and that either I or the company can terminate any employment and compensation with or without cause and notice at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings that may contradict an at-will status of employment are canceled.

I, _____, agree that in consideration of my employment, I agree to conform to the rules and policies of Company.

I, _____, truthfully state that the information provided above is correct and valid. I have reviewed and completed all fields and materials. This information will be solely used for the purposes of Company, and whom they seem fit to contact. By signing this application, I understand that if there are any missing fields and materials or if the information provided is found to be incorrect or invalid, my application may be denied.

Print Name

Signature

Date