



APPLICATION for EMPLOYMENT

Date _____

PERSONAL INFORMATION

Please print clearly

Name _____
Last First Middle

Address _____
Street City State Zip

Phone # _____ Other Phone # _____ SS# _____

Are you 18 years of age or older..... Yes No

Have you ever been convicted of a crime..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status..... Yes No

Do you have any sensory or speech impairment..... Yes No

If yes, please explain: _____

Are communication aides needed..... Yes No

If yes, explain: _____

Do you have a non-English language preference..... Yes No

Please specify your preferred language: _____

EMPLOYMENT DESIRED

Position _____ Date you Can start _____ Salary Desired _____

Are you employed now..... Yes No

If so, may we inquire of your present employer..... Yes No

Have you ever applied for employment with us before..... Yes No

If yes, please indicate when: _____

Please specify any accommodation that you might need to accomplish this position: _____

If you are applying for an office position, do you have experience in or can you:

Type..... Yes No If yes, what speed? _____ words per minute
Take dictation..... Yes No If yes, what speed? _____ words per minute
Computer experience..... Yes No Microsoft Word Microsoft Excel Power Point
Other software? Please specify: _____

AVAILABILITY

Please write in the hours you can work below: Part Time Full Time Contract
Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____ Days only Evenings

This form has been revised to comply with the provisions of the Americans with Disabilities Act
And the final regulations and interpretive guidance promulgated by the EEOC .

EDUCATION / TRAINING

School	Name & Address of School	Courses Taken	Did you graduate?	Diploma, degree or certificate received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	
Vocational or Business			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	
Professional Education			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	

PROFESSIONAL LICENSES and/or CERTIFICATES

Type	Organization or State Issued	Date Issued	Number

EMPLOYMENT HISTORY

List current employer first and others in reverse chronological order:

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES

Please provide the names of 3 persons not related to you, whom you have known at least one year:

Name and Relationship	Title	Company Name / Address	Phone #
1			
2			
3			

EMERGENCY CONTACT

Whom may we contact in case of an emergency?

Name _____ Relationship _____

Address _____ Phone # _____

NONDISCRIMINATION

LEGACY HOME HEALTH complies with Title VI of Federal Rights Act 1964, Section 504 of Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. All employment policies and practices are administered without regard to race, color, religion, sex, age, marital status, national origin, or non-job related disability. **LEGACY HOME HEALTH** shall not discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment. The management of **LEGACY HOME HEALTH** reserves the right to terminate the employment of any employee for any reason, with or without cause and with or without notice at any time and recognizes the employee's right to the same. It is our policy to provide patient care services to all qualified persons without regard to race, color, religion, sex, age, marital status, national origin, or non-job related disability.

AGREEMENT

I UNDERSTAND THAT **LEGACY HOME HEALTH** is a drug-free employer and reserves the right to test for illegal drug use.

I UNDERSTAND THAT if hired I will be required to follow the personnel policies and rules of **LEGACY HOME HEALTH**. I understand that not following the rules may lead to dismissal. I also understand that my employment may be ended for giving incorrect information on this application.

I FURTHER UNDERSTAND this application does not mean I will be hired by **LEGACY HOME HEALTH**. I understand that if I am employed, it will be on a probationary or trial basis according to personnel policies.

Applicant Signature

Date

Legacy Home Health
Reference Form

Applicant Name: _____ Date: _____

Reference: _____ Company Name: _____

Telephone #: _____

Dates of employment: From: _____ To: _____

I hereby give my permission for the organization or person listed above to release information requested.

Applicant Signature/ Date

Job Title: _____

Hourly rate or Salary: _____

Work performance: Satisfactory Unsatisfactory

Attendance: Satisfactory Unsatisfactory

Is this person eligible for rehire? Yes No

Comments:

Name of Supervisor / Date _____ Company _____

Legacy Home Health
Reference Form

Applicant Name: _____ Date: _____

Reference: _____ Company Name: _____

Telephone #: _____

Dates of employment: From: _____ To: _____

I hereby give my permission for the organization or person listed above to release information requested.

Applicant Signature/ Date

Job Title: _____

Hourly rate or Salary: _____

Work performance: Satisfactory Unsatisfactory

Attendance: Satisfactory Unsatisfactory

Is this person eligible for rehire? Yes No

Comments:

Name of Supervisor / Date

Company