



APPLICATION FOR EMPLOYMENT

FAX ATTENTION TO HR AT 727-723-1455 OR EMAIL JOBS@ASCENTIAHHC.COM

APPLICATIONS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP

PERSONAL INFORMATION:

Today's Date: _____

Position(s) you are interested in: _____ Referred by: _____

Salary/hourly rate requirements: _____

Employment Preference:

Full Time Part Time Temporary Per Diem

Available Start Date: _____

NAME: _____ SS#: _____

Last, First MI. Maiden

Home Address: _____ Home Phone: (____) _____

(include City/State/Zip) _____ Other Phone: (____) _____

E Mail Address: _____

Have you ever been convicted of, or charged with, a felony or misdemeanor: Yes No

If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

EDUCATION:

Schools/Colleges Attended:	# Years	Year Graduated	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position and go back at least 10 years. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____ Dates of Employment: From _____ To _____
Job Title: _____ Supervisor: _____
Describe Duties/Responsibilities: _____
Phone: (____) _____ Reason for Leaving: _____
Address: _____ Starting pay rate: _____
Ending pay rate: _____

Employer: _____ Dates of Employment: From _____ To _____
Job Title: _____ Supervisor: _____
Describe Duties/Responsibilities: _____
Phone: (____) _____ Reason for Leaving: _____
Address: _____ Starting pay rate: _____
Ending pay rate: _____

Employer: _____ Dates of Employment: From _____ To _____
Job Title: _____ Supervisor: _____
Describe Duties/Responsibilities: _____
Phone: (____) _____ Reason for Leaving: _____
Address: _____ Starting pay rate: _____
Ending pay rate: _____

Employer: _____ Dates of Employment: From _____ To _____
Job Title: _____ Supervisor: _____
Describe Duties/Responsibilities: _____
Phone: (____) _____ Reason for Leaving: _____
Address: _____ Starting pay rate: _____
Ending pay rate: _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____ Company: _____ Position: _____
Phone:(____) _____ Address: _____

Name: _____	Company: _____	Position: _____
Phone:(_____) _____		Address: _____

Name: _____	Company: _____	Position: _____
Phone:(_____) _____		Address: _____

PERSONAL REFERENCES: Please provide information on 2 personal references.

Name: _____	Relationship: _____	How long known: _____
Phone:(_____) _____		Address: _____

Name: _____	Relationship: _____	How long known: _____
Phone:(_____) _____		Address: _____

EMERGENCY CONTACT: Name: _____
Phone: (_____) _____ Relationship: _____

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Ascentia Home Health Care, LLC, to investigate any statement contained in this application, and to obtain a credit report on me as necessary to determine my qualifications. I understand that this application is not intended to be any kind of employment contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I also understand that I am required to abide by all rules, regulations and policies of Ascentia Home Health Care, LLC.

SIGNED: _____ **DATE:** _____