



**PRIMARY PREVENTION
HOMECARE, L.L.C.**

Keeping You Healthy at Home

APPLICATION FOR EMPLOYMENT

Primary Prevention Homecare, L.L.C. is an equal opportunity employer. Primary Prevention Homecare, L.L.C. does not discriminate in employment in regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Primary Phone # _____ Alternate Phone # _____

Are you eligible to work in the United States? Yes No

Proof of identity and eligibility will be required upon employment.

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes
 No

If yes, please explain _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Do you have any friends or relatives who currently work here? _____

Emergency Contact Name and Phone: _____

DAYS AND HOURS AVAILABLE:

Saturday Sunday Monday Tuesday Wednesday Thursday Friday

From:

To:

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ____ If so, may we contact your current employer? _____

REFERRAL SOURCE

How did you hear about us? _____

Have you ever worked for this company before?

___No ___Yes Dates _____

EDUCATION	Name of school	Did you graduate?	Degree or Certificate Received
High School			
College or University			
Other			

EMPLOYMENT HISTORY Do not write "See Resume". This application is your legal statement of interest in employment. Please go back seven (7) years starting with the most recent and working backwards in time.

From	To	Employer Name	Telephone
Job Title		City, State	
Direct Supervisor		Main job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		City, State	
Direct Supervisor		Main job responsibilities	

Reason for leaving			
From	To	Employer Name	Telephone
Job Title		City, State	
Direct Supervisor		Main job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		City, State	
Direct Supervisor		Main job responsibilities	
Reason for leaving			

PROFESSIONAL REFERENCES

Name	Phone	E-Mail
1.		
2.		
3.		

IF APPLYING FOR A DIRECT CARE POSITION, PLEASE FILL OUT THIS SECTION

Previous Employment Types:: Check All That Apply

___ Homecare for Individual ___ Nursing Home

___ Homecare for Group ___ Rehab

___ Hospital ___ Hospital

Licensure/Certifications:

License/Certificate Type	License/Certificate Number	State	Exp. Date
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License/Certificate Type	License/Certificate Number	State	Exp. Date
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Has your professional license ever been suspended or revoked? If yes, please explain.

Please read carefully before signing:

I understand that, if hired, I must report all accidents to my immediate supervisor and to the Administrator no matter how slight.

I understand that I must wear all required personal protection equipment and that failure to do so may result in corrective action, up to and including termination.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Primary Prevention Homecare, L.L.C. to hire me. If I am hired, I understand that Primary Prevention Homecare, L.L.C. can terminate my employment at any time and for any reason, with or without cause, and without prior notice. I understand that no representative of Primary Prevention Homecare, L.L.C. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Primary Prevention Homecare, L.L.C. true and complete information on this application. No requested information has been concealed. I authorize Primary Prevention Homecare, L.L.C. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID FOR ONE YEAR FROM THE DATE OF COMPLETION