



# EMPLOYMENT APPLICATION

**Licensed/Unlicensed Personnel**

Name: _____			Position Applying for:
Last	First	Middle Initial	
Street Address:			City/State/Zip
<i>Are there any other names you have used in your present or past work experience?</i>			
Telephone	Pager	Other	Social Security Number

Are you a citizen of the U.S.?                     Yes    No

Are you at least 18 years of age?                 Yes    No

Do you have access to public transportation?  Yes    No

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have access to a car?                     Yes    No

Do you have a driver's license?                 Yes    No

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Expiration. Date \_\_\_\_\_

If not do you have work papers?

Yes    No

Certificate # \_\_\_\_\_ Issued by: \_\_\_\_\_

License # \_\_\_\_\_ Issued by: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

*Have you been convicted of a crime other than a minor traffic violation?*  Yes    No

If yes, please explain:

<i>Education:</i>	Degree/Cert. Earned	Year
School (include city/state)—begin with last school attended		

**Employment History:**

Employer	Location	Salary	Phone	Immediate	Employment Dates

Are you able to work:	between 8 AM and 4:30 PM	between 4:30 PM and 12	between 12 MN and 8 AM
	weekends	holidays	on call

Why are you interested in this position?

What special qualifications do you have that would be helpful in this position (e.g., speak a foreign language, CPR, or other training or special education)?

<i>Skills Inventory</i>		<i>E=Experience</i>		<i>T=Training</i>	
	<i>CODE</i>		<i>CODE</i>		<i>CODE</i>
Hospital		Transfer ROM		Geriatric Care	
Nursing Home		Bathing		Pediatric Care	
Private Home		TPR		Psychiatric Care	
Meal Prep		Blood Pressure		AIDS Care	
Special Diets		Dressing Change		Maternal	
CVA		Warm/Cold Compress		Mental Retardation Care	
IV Therapy		Respiratory Care		Alzheimer's	
Foley Care		Ostomy Care		Oncology/Hospice Care	

*Personal /Professional References:*

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>

***Please read before signing:***

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job is attached. Do not answer this question unless you have been informed about the requirements of the job for which you are applying.  Yes  No

My signature verifies that information provided in this application is true and complete. I understand that Advantage Health Systems d/b/a CarePro Medical One and CarePro Home Health Services are Equal Opportunity Employers. I understand that falsification, including withholding of information, on this application is grounds for immediate dismissal if I am selected for a position. I further understand that if I am hired, I can be terminated, with or without cause and with or without notice. I agree to have my picture taken for identification purposes, submit to drug screening tests, and criminal background checks upon request. I understand that all references listed above may be contacted in addition to past employers and educational institutions: I: \_\_\_\_\_ give permission \_\_\_\_\_ do not give permission for you to contact my current employer for a reference.

*CarePro Home Health nor CarePro-Medical One discriminates against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: The Administrator of CarePro Health Services at 1(800)763-7957.*

By signing this, I verify that I have read the above, had an opportunity to clarify information about items I did not understand and agree with the above parameters.

Signed \_\_\_\_\_ Date \_\_\_\_\_