

# BSAComPassion HOME CARE

## APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY: ANSWER ALL QUESTIONS; PRINT CLEARLY IN INK

### PERSONAL

TODAY'S DATE: \_\_\_\_\_ POSITION YOU ARE SEEKING (circle) AIDE LVN RN CLERICAL

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ MAY WE CONTACT YOU AT WORK? YES  NO

PRESENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LAST ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ RE YOU OVER 18? YES  NO   
(IF HIRED YOU MAY BE REQUIRED TO SUBMIT PROOF OF AGE)

HAVE YOU WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? \_\_\_\_\_

IF HIRED CAN YOU FURNISH PROOF OF ELIGIBILITY TO LEGALLY WORK IN THE UNITED STATES? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST TO, A FELONY OFFENSE? YES  NO

FOR PURPOSES OF EMPLOYMENT WITH COMPASSION HOME CARE, "CONVICTIONS" INCLUDE SENTENCED TO CONFINEMENT, PAID FINE, TIME SERVED, PLACED ON PROBATION (INCLUDING DEFERRED ADJUDICATION) AND COURT- ORDERED RESTITUTION.

NAMES OF RELATIVES EMPLOYED BY THIS COMPANY? \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ POSITION OR DEPARTMENT: \_\_\_\_\_

HOW DID YOU LEARN OF THIS POSITION? ADVERTISEMENT  WALK-IN  ONLINE  REFERRAL   
IF REFERRAL PLEASE LIST NAME(S) \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY COMPASSION? NO  YES  IF YES, WHEN? \_\_\_\_\_

WHO SHOULD BE NOTIFIED IN CASE OF AN EMERGENCY? \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### EDUCATIONAL RECORD

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ LAST GRADE COMPLETED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY: \_\_\_\_\_ DEGREE/MAJOR DATE: \_\_\_\_\_  
IF ATTENDED BUT DIDN'T GRADUATE, HOURS COMPLETED \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY: \_\_\_\_\_ DEGREE/MAJOR DATE: \_\_\_\_\_  
IF ATTENDED BUT DIDN'T GRADUATE, HOURS COMPLETED \_\_\_\_\_

OTHER EDUCATION, SPECIAL COURSES OR ACADEMIC HONORS: \_\_\_\_\_

### PROFESSIONAL LICENSES/CERTIFICATION

TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
DATE ISSUED: \_\_\_\_\_ EXPIRES ON: \_\_\_\_\_

TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
DATE ISSUED: \_\_\_\_\_ EXPIRES ON: \_\_\_\_\_

LIST ANY PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER (OMIT ANY WHICH INDICATE SEX, RACE, RELIGION, NATIONAL ORIGIN OR DISABILITY)

### U.S. MILITARY EXPERIENCE

DATES OF ACTIVE DUTY: FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH: \_\_\_\_\_  
INITIAL RANK: \_\_\_\_\_ FINAL RANK: \_\_\_\_\_  
SERVICE SCHOOLS ATTENDED: \_\_\_\_\_  
SPECIALTY NATURE OF DUTIES: \_\_\_\_\_

### HEALTH

IF HIRED, WOULD YOU BE WILLING TO TAKE A PHYSICAL EXAM OR SUBSTANCE/DRUG TEST?  
YES NO IF NO, EXPLAIN

### SKILLS

TYPING SPEED (LAST DATE TESTED) \_\_\_\_\_ 10 KEY BY TOUCH? \_\_\_\_\_  
PBX (TYPE OF SYSTEM) \_\_\_\_\_ OTHER KNOWLEDGE, FOREIGN LANGUAGE OR SKILL  
YOU POSSESS OR EQUIPMENT YOU CAN OPERATE: \_\_\_\_\_

### JOB INTEREST

DATE AVAILABLE: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_  
HOURS/SHIFT AVAILABLE: \_\_\_\_\_  
ARE YOU AVAILABLE FOR:

	YES	NO		YES	NO		YES	NO
FULL TIME	<input type="checkbox"/>	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>	<input type="checkbox"/>	ON CALL	<input type="checkbox"/>	<input type="checkbox"/>
DAYS	<input type="checkbox"/>	<input type="checkbox"/>	EVENINGS	<input type="checkbox"/>	<input type="checkbox"/>	NIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
WEEKENDS	<input type="checkbox"/>	<input type="checkbox"/>						

### EMPLOYMENT HISTORY

MOST RECENT EMPLOYER FIRST-EXPLAIN ANY LAPSES IN EMPLOYMENT BETWEEN JOBS. LIST LAST TEN YEARS EMPLOYMENT HISTORY, INCLUDING SUMMER AND PART TIME POSITIONS WHILE IN SCHOOL.

PRESENT OR MOST RECENT EMPLOYER: \_\_\_\_\_ MAY WE  
CONTACT? YES  NO  PHONE NUMBER: \_\_\_\_\_ FULL TIME  PART TIME   
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ IMMEDIATE SUPERVISOR: \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ NATURE OF DUTIES: \_\_\_\_\_  
SALARY/WAGES START \_\_\_\_\_ END \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ MAY WE CONTACT? YES  NO   
PHONE NUMBER: \_\_\_\_\_ FULL TIME  PART TIME   
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ IMMEDIATE SUPERVISOR: \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ NATURE OF DUTIES: \_\_\_\_\_  
SALARY/WAGES START \_\_\_\_\_ END \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

ANY UNEMPLOYMENT INTERVALS? EXPLAIN AND LIST DATES: \_\_\_\_\_

**REFERENCES (Non- Relatives)**

NAME	EMPLOYED WHERE	BUSINESS PHONE	RELATIONSHIP

DESCRIBE TYPE OF WORK FOR WHICH YOU ARE BEST QUALIFIED: \_\_\_\_\_

COMMENTS: Include any information that you feel should be included to further describe your qualifications. (Exclude any information which would indicate sex, race, religious creed, national origin, ancestry or disability.) \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, **FALSIFIED OR MISLEADING STATEMENTS OR MATERIAL OMISSION OF FACTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.**

I authorize investigation of all statements contained herein and the references listed above (as well as other sources at management's discretion, including those related to character and credit records) to give you any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that any job offer may be conditional upon information obtained after the offer is made. I understand that employment with this company is "AT WILL", which means that (if hired) my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice, and with or without explanation or reason. Wages will cease immediately upon termination.

I agree to immediately notify BSAComPassion Home Care if I am convicted of, receive deferred adjunction in, or otherwise plead guilty or no contest to a felony, or any other crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_