

Huser HomeCare

5023 E. 56th Street, Suite 210, Indianapolis, IN 46226
(317) 255-5700 Fax (317) 255-5709 HuserHomeCare.com

Employment Application

Name (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ ZIP: _____ - _____

County _____ Have you lived in this county over 3 years? Yes No: Prior Cty: _____

Daytime Phone Number: (____) _____ Evening Phone Number: (____) _____

Cell Phone: (____) _____ Email: _____

Position Applied For: _____

Date Available to Start Work: _____ Are you at least 18 Years of Age? Yes No

Desired Salary or Hourly Wage: _____ Do you want: Full-time Part-time Either

What Shifts Will You Work: Days Evenings Nights

Are You Willing to Work Weekends? Are You Willing to Work Holidays?

Specialty Certificates: CNA Home Health Aide Other (specify): _____

State Registration or Certification Number: _____

Registered/Licensed/Certified in another state? If so, specify State and Date: _____

Do You Have a Legal Right to Work in the United States? If No, Explain: _____

What Special Equipment or Machines, Including Office, Can You Operate? _____

Comments/Special Skills (e.g., qualifications, training, conversational language skills, sign language): _____

Employment History: Failure to provide complete and accurate information on references and employers could result in your application being refused for consideration. Please begin with your current or most recent employer.

Dates of employment: From: _____ To: _____ Final Pay Rate: _____

Company Name: _____ Phone No: _____

Address, City, State, ZIP: _____

Supervisor's Name: _____ Phone No: _____

Position(s) Held: _____

Reason for leaving: _____

Dates of employment: From: _____ To: _____ Final Pay Rate: _____

Company Name: _____ Phone No: _____

Address, City, State, ZIP: _____

Supervisor's Name: _____ Phone No: _____

Position(s) Held: _____

Reason for leaving: _____

Dates of employment: From: _____ To: _____ Final Pay Rate: _____

Company Name: _____ Phone No: _____

Address, City, State, ZIP: _____

Supervisor's Name: _____ Phone No: _____

Position(s) Held: _____

Reason for leaving: _____

References: Name, Address, Email, Phone, Years Known, Relationship

- 1.) _____
- _____
- 2.) _____
- _____
- 3.) _____
- _____
- 4.) _____
- _____

Education: Name Location Graduate? Degree Received

High School: _____

Technical: _____

College/Univ: _____

College/Univ: _____

Other information:

Have you ever been discharged from any position? _____ If Yes, explain: _____

Have you ever been convicted of a felony? _____ If Yes, explain: _____

Referred to Huser HomeCare by: _____

READ CAREFULLY BEFORE SIGNING:

Falsification, misrepresentation or omission of information requested in this application may subject me to immediate dismissal. It is my understanding that Huser HomeCare will make a thorough investigation of my work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the agency, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I understand that my employment depends on satisfactory references and background checks, successful completion of competency testing, and any physical examination that may include testing for the use of illegal substances. I also acknowledge and understand that this employment application is not a contract of employment and that, if I am hired, I will be an at-will employee and I may voluntarily leave my employment upon proper notice or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements or promises have been made to or relied upon by me regarding the length of my employment or the reasons for which my employment may be terminated.

If hired, I agree to abide by and conform to the rules, policies, and procedures of Huser HomeCare. In consideration of Huser HomeCare employing me, I agree that I will not seek or accept employment (either directly or indirectly in any capacity) for at least twelve (12) months after the last day of service by Huser HomeCare from any client of Huser HomeCare to whom I have been assigned, without the express written approval of Huser HomeCare’s President.

SIGNATURE OF APPLICANT _____ Date: _____

HUSER HOMECARE CONSIDERS ALL APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR HANDICAP.

Employee Reference / Authorization to Release Information

I, the undersigned, hereby authorize Huser HomeCare, my prospective employer, to obtain information about me from personal references, previous employers, schools, Bureau of Motor Vehicles and/or law enforcement agencies. I authorize my personal references, previous employers, schools that I have attended, Bureau of Motor Vehicles and law enforcement agencies to disclose such information about me as Huser HomeCare may request. I further authorize my personal references, previous employers or schools to candidly disclose to Huser HomeCare all facts and opinions concerning my academic or work performance, dependability, cooperativeness, attitude and ability to get along well with others. Further, I release those individuals, schools or companies and any person completing this form from any and all liability from supplying the requested information.

Applicant Signature: _____ Date: _____

Printed Name: _____

Address: _____, _____, _____

EMPLOYEE/APPLICANT REFERENCE

(These Sections to be Completed by Prior Employer or School)

School: _____ Location: _____

School Dates Attended: From _____ To _____

Field of Study: _____ Degree/Certificates earned: _____ GPA: ____/____

Special Classwork or Training: _____

Company: _____ Employment Position(s) Held: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Would you re-hire: Yes No If "No", why not: _____

Please check the appropriate rating: Excellent Good Fair Poor

Quality of Work/Academics: _____ _____ _____ _____

Dependability: _____ _____ _____ _____

Cooperation and Attitude: _____ _____ _____ _____

Ability to Get Along with Others: _____ _____ _____ _____

Punctuality and Attendance: _____ _____ _____ _____

What would you say are the student's/employee's strengths? _____

What would you say are the student's/employee's weaknesses? _____

Overall Level of Recommendation: (1 = Low, 5 = High) _____

Additional Comments: _____

Completed by: _____ Signature: _____

Title: _____ Date: _____

Company/School: _____ Phone: () _____

Address: _____

City/State/ZIP: _____

Fax: () _____ Email: _____