

EMPLOYEE APPLICATION

Position(s) you are applying for

<input type="checkbox"/> Home Health Aide (HHA)	<input type="checkbox"/> Registered Nurse (RN)	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Certified Nursing Assistant (CNA)	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Licensed Practical Nurse (LPN)	<input type="checkbox"/> Companion	<input type="checkbox"/> Speech Therapist

Other (please fill in the position you are applying for)

Referral Source? Internet Newspaper Employee Walk-in Other

Name of Source (if applicable)

Do you currently work as HHA and service clients? Yes No

Personal Information

First Name	Last Name	Middle Initial
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Address

City	State	Zip
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Primary Phone	Secondary Phone (Cell)
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Email Address	Are you eighteen years or older? <input type="radio"/> Yes <input type="radio"/> No
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Have you ever been employed with Dynamic Home Health?	<input type="radio"/> Yes <input type="radio"/> No	If yes, give date
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If you are under eighteen, can you furnish a work permit?	<input type="radio"/> Yes <input type="radio"/> No
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Have you filed an application here before?	<input type="radio"/> Yes <input type="radio"/> No	If yes, give date
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Are you legally eligible to be employed in this country?	<input type="radio"/> Yes <input type="radio"/> No
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Are you able to work irregular hours?	<input type="radio"/> Yes <input type="radio"/> No
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Will you work overtime if requested?	<input type="radio"/> Yes <input type="radio"/> No
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Have you ever been convicted of a crime or felony?	<input type="radio"/> Yes <input type="radio"/> No
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If yes, please provide date(s) and please explain

Educational Background

High School	Years Attended	Did You Graduate?
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College	Years Attended	Did You Graduate?
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Major	Degree
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Other	Years Attended	Did You Graduate?
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Major	Degree
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EMPLOYEE APPLICATION — Continued

Former Employers (List below last three employers, starting with last one first)

Employer's Name	From	To
Employer's Address		
Employer's Phone	Position	Salary
Reason For Leaving		
Employer's Name	From	To
Employer's Address		
Employer's Phone	Position	Salary
Reason For Leaving		
Employer's Name	From	To
Employer's Address		
Employer's Phone	Position	Salary
Reason For Leaving		
Comments (including explanation of any gaps in employment)		

Skills and Qualifications (If applying for office position list skills that may qualify you for work at our company)

References (Do not list relatives/family members)

Name	Phone	Years Known
Name	Phone	Years Known
Name	Phone	Years Known

Dynamic Home Health Care is an equal opportunity employer.

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, veteran status, marital status, sexual orientation, or any other characteristic protected by law.