



Employment Application Form

PERSONAL DATA					
Date Application Completed		OFFICE USE ONLY Date of Interview		OFFICE USE ONLY Date of Hire	
Last		First		Middle	
Social Security Number	Home Phone ()	Other Number ()	Pager / Cellular Number ()		
Address (If less than one year provide your previous address)		City	State	Zip Code	Length of Residence
Previous Address		City	State	Zip Code	Length of Residence
JOB INTERESTS					
Position Applying For:		How were you referred to us?		Date Available for Work?	Anticipated Wage
Please check the specialty area(s) that best match (es) your experience / education and interested					
<input type="checkbox"/> Homecare	<input type="checkbox"/> Medical / Surgical	<input type="checkbox"/> IV Therapy	<input type="checkbox"/> Intermittent Care	<input type="checkbox"/> Private Duty	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Pediatrics/Maternal Child	<input type="checkbox"/> Supplemental Staffing	<input type="checkbox"/> Residential Care	
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Homemaking	
Please indicate your availability or interests below					
Work Status <input type="checkbox"/> Full Time (32 hours per week average) <input type="checkbox"/> Part Time (less than 32 hours per week average)		Shifts Available <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Visits Only		Days Available <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
EDUCATION					
Circle the Highest level of education completed		1 2 3 4 5 6 7 8 9 10 11 12 High School Diploma Associate Bachelors Masters			
Name of College or Undergraduate Education / School			Degree		Year Graduated
Name of College or Undergraduate Education / School			Degree		Year Graduated
LICENSE / CERTIFICATIONS / EXAMINATIONS					
Type of License	State of Issue	Expiration Date	License Number	Any restrictions or pending actions against license?	
CPR Expiration		Last Physical Examination		Last TB / Chest X-ray	
GENERAL INFORMATION					
Are you legally authorized to work in the USA		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you become an employee of this Agency you will be required to provide documentation proving your eligibility to work in the USA	
Have you ever been convicted or plead guilty of a felony or a misdemeanor crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes –explain:	
Have you ever been employed by this Agency or one of its subsidiaries		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give location and dates:	
In case of emergency, notify		Phone		Relationship	

WORK HISTORY

Company Name (present or most recent employer)		Employment Dates		
		From:		To:

Company Address	City	State	Wage	Per Hour	Annual
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Describe your Job Responsibilities and Duties

Supervisor's Name	Telephone Number	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason for Leaving?

Company Name		Employment Dates		
		From:		To:

Company Address	City	State	Wage	Per Hour	Annual
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Describe your Job Responsibilities and Duties

Supervisor's Name	Telephone Number	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason for Leaving?

Company Name		Employment Dates		
		From:		To:

Company Address	City	State	Wage	Per Hour	Annual
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Describe your Job Responsibilities and Duties

Supervisor's Name	Telephone Number	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason for Leaving?

Company Name		Employment Dates		
		From:		To:

Company Address	City	State	Wage	Per Hour	Annual
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Describe your Job Responsibilities and Duties

Supervisor's Name	Telephone Number	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason for Leaving?

In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, Birdsong Home Health Care is an EQUAL OPPORTUNITY EMPLOYER and WILL NOT DISCRIMINATE AGAINST RACE, COLOR, SEX, CREED, NATIONAL ORIGIN OR COMMUNICABLE DISEASE AS DEFINED IN SECTION 504 OF TITLE VI. In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulation Birdsong Home Health Care WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF HANDICAP. In accordance with the Age Discrimination Act of 1975 and its implementing regulation, Birdsong Home Health Care WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF AGE in the provision of services, unless age is a factor necessary to the normal operation or the achievement of any statutory objective. In accordance with the Americans with Disabilities Act of 1992 (42 USC §12101) and its implementing regulations, (private employers with more than 25 agency personnel), Birdsong Home Health Care WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF DISABILITY. A disability is a physical or mental impairment that substantially limits a major life activity, or for which there is a record of impairment or which causes the individual to be regarded as impaired.

The information that I have given is true and accurate to the best of my knowledge

Signature of Applicant	Date
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