

VICTORY HOME HEALTH CARE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-3

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Position applying for _____ DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Date of Birth: _____ Social Security No. _____ - _____ - _____

Cell #: _____ Home #: _____ Email: _____

Days/Hours available to work

Mon _____ Tue _____
 Wed _____ Thurs _____
 Fri _____ Sat _____
 Sun _____ No Preference: _____

How many hours can you work weekly? _____ Can you work nights? _____

Educational Background & Professional Skills

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Professional School				
Other Skills				
LICENSE/CERTIFICATIONS	NUMBER	LICENSING STATE	DATE OF INITIAL LICENSING OR CERTIFICATION	YEARS OF EXPERIENCE
Registered Nurse (RN)				
Licensed Practical Nurse (LPN)				
GNA/CNA*/MT/HHA				
Others:				

DO YOU HAVE A DRIVER'S LICENSE? Yes No DO YOU OWN A PERSONAL CAR? Yes No

Driver's license number _____ State of issue _____ Expiration date _____

How long have you been driving? _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

REFERENCES

Please list **two Personal references** (other than relatives or previous employers).

Name _____	Name _____
Position _____	Position _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

1. Name of employer Address City, State, Zip Code Employer Phone #: Employer Fax #:	Name of last Supervisor	Employment dates From:- _____ To: _____	Pay or salary Start: _____ Final: _____
Your Last Job Title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Name of employer Address City, State, Zip Code Employer Phone #: Employer Fax #:	Name of last supervisor	Employment Dates From: _____ To: _____	Pay/Salary Start: _____ Final: _____
Your Last Job Title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. Name of Employer: Address: City, State, Zip Code: Employer Phone #: Employer Fax #:	Name of last supervisor	Employment dates	Pay or salary
		From: _____ To: _____	Start: _____ Final: _____
	Your Last Job Title:		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact employer? Yes No

Height: _____ ft. _____ in. Weight: _____ Birth Date: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Relationship: _____

Address _____

Telephone: _____ (Cell): _____ (Home)

I also understand that (1) the Company may have a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations and compliance to other applicable Company policies and procedures

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

Signature of Applicant _____ **Date:** _____

FOR OFFICIAL USE ONLY

BY EMPLOYER

Date of employment _____ Job title _____

Location _____ Rate of pay _____ Employee _____ Contractor _____

Name of person verifying information _____

Name of person authorizing employment _____