

Besure Home Health Services Inc.
Application for Employment

Our agency is to provide employment opportunity to all qualified persons without regard to race, creed, color, religion belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Social Security #: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) ☐ Yes ☐ No

Are you looking for full-time employment? ☐ Yes ☐ No

If no, what hours are you available? _____

Are you willing to work swing shift? ☐ Yes ☐ No

Are you willing to work graveyard? ☐ Yes ☐ No

Are you willing to work 12 hours? ☐ Yes ☐ No

Have you ever been arrested? ☐ Yes ☐ No

Have you ever been convicted of a felony? (This will not necessarily affect you application)
☐ Yes ☐ No

If yes to any, please explain: _____

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment here? ☐ Yes ☐ No

When? _____

Where? _____

Have you ever been employment by this company? ☐ Yes ☐ No

When? _____

Where? _____

Are you presently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you available for full-time work? ☐ Yes ☐ No

Are you available for part-time work? ☐ Yes ☐ No

Are you willing to travel? ☐ Yes ☐ No If yes, what percent? _____

Date you can start: _____

Desired position: _____

Desired starting salary: _____

Please list applicable skills: _____

Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Please list any scholastic honor received and offices held in school.

Are you planning to continue your studies? ☐ Yes ☐ No

If yes, where and what course of study?

Employment History (Start with most recent employer)

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ☐ Yes ☐ No

Responsibilities _____

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Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact

In case of an emergency, please notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of any knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or education record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omission, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documentations that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____