



<b>EDUCATIONAL BACKGROUND</b>	Name/City & State of School	# of Years Attended	Did you Graduate	Degree/Diploma
High School				
College				
Other				

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### **EMPLOYMENT HISTORY**

Provide the following information from your past and current employers, assignments or volunteer activities – starting with the most recent (use additional sheets if necessary).

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Employer:	Phone #:	Dates Employed:	Position:
Address:			
Type of work:	Starting Ending hourly rate:		
Immediate Supervisor/Title:	Phone #		
May we contact this reference? <input type="checkbox"/> yes <input type="checkbox"/> no			

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Employer:	Phone #:	Dates Employed:	Position:
Address:			
Type of work:	Starting Ending hourly rate:		
Immediate Supervisor/Title:	Phone #		
May we contact this reference? <input type="checkbox"/> yes <input type="checkbox"/> no			

Employer:	Phone #:	Dates Employed:	Position:
Address:			
Type of work:		Starting Ending hourly rate:	
Immediate Supervisor/Title:		Phone #	
May we contact this reference? <input type="checkbox"/> yes <input type="checkbox"/> no			

Employer:	Phone #:	Dates Employed:	Position:
Address:			
Type of work:		Starting Ending hourly rate:	
Immediate Supervisor/Title:		Phone #	
May we contact this reference? <input type="checkbox"/> yes <input type="checkbox"/> no			

Do you have access to a vehicle on a daily basis?  yes  no

DRIVER'S LICENSE #:	EXPIRATION DATE:
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**PROFESSIONAL LICENSES and/or CERTIFICATION:** (if licensed/registered/certified)

Type	State Issued	Effective Date	Expiration Date	No.

- Has your license or certification ever been suspended or revoked or any disciplinary action enacted against your license or certification in any state?  yes  no  
If YES please explain: \_\_\_\_\_

**REFERENCES:**

Please provide three business/work references, with at least two supervisors/managers who have managed you in your current and/or past role.

Name	City/State	Telephone	Title/Yrs. Acquainted
1.			
2.			
3.			

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I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations re discovered, my application my be rejected and if I am employed, my employment may be terminated at any time.

I give FAMILY HOME HEALTH SERVICES the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release FAMILY HOME HEALTH SERVICES and its representative from liability for seeking, gathering, and using such information and all other person, corporation or organization for furnishing such information.

FAMILY HOME HEALTH SERVICES does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and FAMILY HOME HEALTH SERVICES reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement representative of FAMILY HOME HEALTH SERVICES, other than an authorized officer.

I understand that it is FAMILY HOME HEALTH SERVICES' policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodations required by the ADA and Section 504 of the Rehabilitation Act.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

In consideration of my employment, I agree to conform to FAMILY HOME HEALTH SERVICES' rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by FHHS.

I have read and fully understand the foregoing and seek employment under their conditions.

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Applicant's Signature

Date