



Human Resources Application for Employment

Name (Last, First, Middle)	Date	
Other Names used (for reference)	SSN	
Street Address	Contact Phone Number	
City, State, Zip	Email	
Position Desired	Date Available	Salary Expected

What type of schedule can you work?	Please indicate the shifts you can work		
<input type="checkbox"/> <i>Regular full-time</i>	<input type="checkbox"/> <i>Per Diem</i>	<input type="checkbox"/> <i>Days</i>	<input type="checkbox"/> <i>Weekends</i>
<input type="checkbox"/> <i>Regular part-time</i>	<input type="checkbox"/> <i>Temporary</i>	<input type="checkbox"/> <i>PM</i>	<input type="checkbox"/> <i>Other/Varied</i>
<input type="checkbox"/> <i>Part-time</i>	<input type="checkbox"/> <i>On-call</i>	<input type="checkbox"/> <i>Nights</i>	

Non-Discrimination Policy: We will not engage in discriminatory practices against any person employed or seeking employment because of actual or perceived race, color, religion, marital status, national origin, ancestry, physical or mental disability, genetic characteristic, gender, sexual orientation, age, or veteran's status.



Name (Last, First, Middle)

Employment Record

LIST PRESENT OR MOST RECENT EMPLOYER FIRST, INCLUDE ALL EMPLOYMENT, MILITARY, AND VOLUNTEER SERVICE					
Employer's Name			Phone Number		
Address					
Job Title			Dates Employed		
Supervisor's Name		Supervisor's Title	From:	To:	Total Time:
Nature of Duties			Mo. Yr.	Mo. Yr.	
			Salary		
Reason for Leaving			Start \$	End \$	
			__ Hr	__ Hr	__ FT
			__ Wk	__ Wk	__ PT
			__ Mo	__ Mo	__ # hrs/wk
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Employer's Name			Phone Number		
Address					
Job Title			Dates Employed		
Supervisor's Name		Supervisor's Title	From:	To:	Total Time:
Nature of Duties			Mo. Yr.	Mo. Yr.	
			Salary		
Reason for Leaving			Start \$	End \$	
			__ Hr	__ Hr	__ FT
			__ Wk	__ Wk	__ PT
			__ Mo	__ Mo	__ # hrs/wk

Employer's Name			Phone Number		
Address					
Job Title			Dates Employed		
Supervisor's Name		Supervisor's Title	From:	To:	Total Time:
Nature of Duties			Mo. Yr.	Mo. Yr.	
			Salary		
Reason for Leaving			Start \$	End \$	
			__ Hr	__ Hr	__ FT
			__ Wk	__ Wk	__ PT
			__ Mo	__ Mo	__ # hrs/wk



Name (Last, First, Middle)

**Education
(Must be filled in)**

Type of School	Name And Location	Dates Attended	Graduate?	Certificate/Degree
High School				
College/University				
College/University				
Post-Graduate Studies				
Business/Trade School				
Other				

Licenses and Certificates	License Number	State	Expiration Date

Professional Affiliations

Job Related Skills		
<input type="checkbox"/> Keyboard <input type="checkbox"/> wpm <input type="checkbox"/> Dictaphone <input type="checkbox"/> ICD-9, CST Coding	<input type="checkbox"/> 10 Key <input type="checkbox"/> Shorthand <input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Computer/Software _____

OTHER JOB RELATED SKILLS (Language, Clinical, Technical, or Special Training)
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Do you have any restrictions on the days of the week you can work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:
If hired, can you perform any or all essential functions of the job applied for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please explain:

Note: Although you may be employed for a particular position or shift, it may be necessary for you to accept different assignments, work schedules, or working hours. We hope to minimize any inconvenience to employees, but recognize that our main goal is to provide high quality services to all patients/customers at all times.



Additional Information

After offer of employment, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please explain.
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Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been convicted of a misdemeanor or felony? (A conviction may be relevant if job-related, but does not necessarily bar you from employment) <input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, please state circumstances, place(s), date(s).
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Have you been sanctioned by an enforcement agency for health care fraud or violation of health care regulation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If YES, please explain.

How did you hear of our Agency or this position?			
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Employee Referral _____	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Internet
<input type="checkbox"/> Publication _____	<input type="checkbox"/> School _____	<input type="checkbox"/> Self	<input type="checkbox"/> Other _____

<p>PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS:</p> <p>I certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Trinity Home Care Services, Inc. unless I have indicated otherwise. I authorize the references listed above to provide to Trinity Home Care Services, Inc. any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Trinity Home Care Services, Inc. as well as from the use of disclosure of such information by Trinity Home Care Services, Inc. or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.</p> <p style="text-align: right;">___ INITIAL</p> <p>I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the US. Offers of employment are also conditioned on Trinity Home Care Services, Inc.'s receipt of satisfactory responses to reference requests, background checks, and the satisfactory completion of a post-offer medical evaluation including a drug test.</p> <p style="text-align: right;">___ INITIAL</p> <p>In consideration of my employment, I agree to conform to the rules and standards of Trinity Home Care Services, Inc. and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice at any time, either at my option or at the option of the Agency. I understand that no employee or representative of the Agency other than its President/CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President/CEO of the Agency may not alter the 'at will' nature of the employment relationship or enter into any employment agreement for a specified time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.</p> <p style="text-align: right;">___ INITIAL</p>

Signature of Applicant	Date
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