

Employment Application

Availability: check all that you could work

Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___
 Day hours ___ Evening hours (5-9P) ___ nights (9P-12MN) ___ overnights ___ live-in ___

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired:

<input type="checkbox"/> Per Diem	Number of Hours: _____
<input type="checkbox"/> Part Time	Number of Hours: _____
<input type="checkbox"/> Full Time	Number of Hours: _____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip Code _____

(_____) _____ (_____) _____ (_____) _____
 Home Phone Number Cell Phone Number or Work Phone Number

Email address _____

Language skills other than English (written spoken) _____

Have you ever been employed here before? Yes or No If yes, when? _____
 Are you legally eligible for employment in the US? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad _____ Which newspaper? _____ Internet _____ Which site? _____
 Current Employee _____ We'd like to thank them _____
 Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____
 Relationship: _____
 Home Phone Number: (_____) _____
 Work Phone Number: (_____) _____
 Cell Phone Number: (_____) _____

Devotion Health Care, Inc. an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Reference Form

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Devotion Health Care, Inc.

Name: _____
Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Would you rehire? _____

Is the individual capable of performing the tasks the job requires?

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

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