

Freedom Home Healthcare

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date_____

Name_____Social Security Number_____

Home Address_____

Number Street City State Zip Code

Home Telephone Number_(____)_____ Alternate Number During Work Hours_(____)_____

Referred By:_____Date of Birth_____

Position Category: HHC ☐ Admin ☐ Salary Desired_____

Shift Desired Days ☐ Evenings ☐ Weekends ☐ Date Available_____

(Check All That Apply)

Holidays Yes ☐ No ☐ Desired Locations _____

Are you employed now? Yes ☐ No ☐

If Yes, may we contact your present employer? Yes ☐ No ☐

Education Completed

	Name & Location of School	Year of Graduation	Degree/Certification
High School or GED			
College			
HHA or CNA Training School, or Any relevant training –correspondence or otherwise.			

Former Employers

(Start with more recent employer; list last four employers)

Dates	Name & Address& Phone# of Employer	Position	Salary	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Freedom Home Healthcare

Professional Knowledge/Experience (Nurses Only)		
Category	Years Of Experience	Other (List specifics, i.e. list training, orientation)
Pediatric <input type="checkbox"/>		
IV Therapy <input type="checkbox"/>		
Psychiatric Nurse <input type="checkbox"/>		
Home Health Care <input type="checkbox"/>		
Geriatric Nurse <input type="checkbox"/>		
Podiatric <input type="checkbox"/>		
Community Health <input type="checkbox"/>		
Anesthesia <input type="checkbox"/>		
Other <input type="checkbox"/>		

Personal References				
Please furnish three references with complete address. Do not list former employers or relatives. The individuals you list should have known you for at least one year				
Name	Address (include city, state and zip)	Phone Number	Business	Years Known
1.				
2.				
3.				

Applicant Authorization (Please Read Carefully)

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal or prosecution.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release FREEDOM HOME HEALTHCARE Home Care Services from all liability for any damage that may result from utilization of such information

Signature_____

Date_____

Freedom Home Healthcare

Applicant Authorization

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask prior to signing.

Freedom Home Healthcare Home Care Services does not discriminate in hiring or employment on the basis of race, color, religion, age, disability, veteran status, or status within any group protected by federal, state, or local law. No questions on this application are intended to secure information to be used for any such discriminatory purpose.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.

By signing your name below, you authorize investigation of all statements contained herein and the reference and employers listed to give you any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release FREEDOM HOME HEALTHCARE Home Care Services from any liability for any damage that may result from the utilization of such information.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired or prosecution.

By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and FREEDOM HOME HEALTHCARE Home Care Services. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and FREEDOM HOME HEALTHCARE Home Care Services retains a similar right. You further understand that no representative of FREEDOM HOME HEALTHCARE Home Care Services other than {Nursing Supervisor/Administrative Staff} has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit. You further understand this entire statement applies to the period prior to and after you may be employed.

I hereby acknowledge that I have read, understand, and agree to the above statements.

Signature of Applicant

Date