

# ACCENT HEALTH CARE SERVICES, INC. APPLICATION FOR EMPLOYMENT

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED,  
COLOR, SEX, AGE NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS

## PERSONAL

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### In Case Of Emergency Contact:

Name: \_\_\_\_\_ Relationship?: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you ever applied for employment with us? Or worked for us?

( ) Yes ( ) No If yes, give month and year \_\_\_\_\_

Position Desired: \_\_\_\_\_ Expected Pay: \_\_\_\_\_

What counties have you worked in : \_\_\_\_\_

## EDUCATION

<u>School</u>	<u>Name &amp; Location</u>	<u>Years Completed</u>	<u>Graduated?</u>
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\_\_\_\_\_ ( ) Yes

\_\_\_\_\_ ( ) No

<u>High School</u>	<u>Name &amp; Location</u>	<u>Years Completed</u>	<u>Graduated?</u>
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\_\_\_\_\_ ( ) Yes

\_\_\_\_\_ ( ) No

<u>College</u>	<u>Name &amp; Location</u>	<u>Years Completed</u>	<u>Graduated?</u>
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\_\_\_\_\_ ( ) Yes

\_\_\_\_\_ ( ) No

## EMPLOYMENT (FULL ADDRESSES PLEASE)

(1)

Company Name \_\_\_\_\_ Employed

Address \_\_\_\_\_ From: \_\_\_\_\_

City, State & Zip \_\_\_\_\_ To: \_\_\_\_\_

Phone Number \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

(2)

Company Name \_\_\_\_\_ Employed

Address \_\_\_\_\_ From: \_\_\_\_\_

City, State & Zip \_\_\_\_\_ To: \_\_\_\_\_

Phone Number \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

(3)

Company Name \_\_\_\_\_ Employed

Address \_\_\_\_\_ From: \_\_\_\_\_

City, State & Zip \_\_\_\_\_ To: \_\_\_\_\_

Phone Number \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

## REFERENCES

Give below the names, addresses and phone numbers of two people not related to you, whom you have known for at least one year.

(1)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

(2)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Known \_\_\_\_\_

## **DO NOT CONTACT**

We may contact the employers listed unless you indicate those you do not want us to

Employer & Number(s): \_\_\_\_\_

Reason: \_\_\_\_\_

Who referred you to this company? \_\_\_\_\_

Employment Agency \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ State Employment \_\_\_\_\_

College Placement \_\_\_\_\_ Walk In \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had your Driver's License revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had your Driver's License Suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*How will you get to your assigned cases or from case to case? \_\_\_\_\_

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

I authorize investigation of all statements contained herein and the references listed to give you any information concerning my previous employment and pertinent information they may have personal or other and release all parties from liability for any damage that may result from furnishing same to I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment or wages and salary may be terminated at any time without any prior notification

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **INTERVIEW SUMMARY**

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