

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 & Location</u>	<u>Years Completed</u>	<u>Graduated?</u>
---------------	----------------------------	------------------------	-------------------

_____ () Yes

_____ () No

<u>High School</u>	<u>Name & Location</u>	<u>Years Completed</u>	<u>Graduated?</u>
--------------------	----------------------------	------------------------	-------------------

_____ () Yes

_____ () No

<u>College</u>	<u>Name & Location</u>	<u>Years Completed</u>	<u>Graduated?</u>
----------------	----------------------------	------------------------	-------------------

_____ () 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