

Start Date \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

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

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home# (      ) \_\_\_\_\_ Cell# (      ) \_\_\_\_\_

SS# \_\_\_\_\_ E-mail Address \_\_\_\_\_

Professional License # \_\_\_\_\_ State and Drivers License # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ PH# \_\_\_\_\_

EDUCATION:	Name & Location of School	Year Graduated	Diploma/ Major Degree
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High School \_\_\_\_\_

College / University \_\_\_\_\_

College / University \_\_\_\_\_

Other Training / Education \_\_\_\_\_

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our company?

\_\_\_\_\_

\_\_\_\_\_

**WORK HISTORY** – Start with present or most recent employer. We may contact the employers listed unless you indicate that you do not want them contacted.

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title/Describe Your Work \_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title/Describe Your Work \_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title/Describe Your Work \_\_\_\_\_

\_\_\_\_\_

**References (other than those employers listed)**

Name

Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

1. Have you ever been convicted of or pled guilty of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? No \_\_\_\_\_ Yes \_\_\_\_\_ If "yes", describe in full.

\_\_\_\_\_

2. Have you received Worker's Compensation or Disability Income payments? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe

\_\_\_\_\_

3. Have you ever been sanctioned by Medicare? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

The information provided in the Application For Employment or contractual work is true, correct and complete. Any misstatement or omission of fact on this application may result in my dismissal or termination of contractual or employment status.

I understand that acceptance of an offer of employment or contractual work does not create a contractual obligation upon the employer to continue to employ or contract with me in the future.

I understand that I will be subject to a criminal background check prior to employment. By my signature below, I authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with Family Homecare. I understand I will be notified of any issues that arise in the background check and offered an opportunity to respond.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

THIS AGENCY DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL IN HIRING, DISCHARGE, RECRUITMENT, ASSIGNMENT, COMPENSATION AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT OR CONTRACTUAL WORK. APPLICANTS FOR EMPLOYMENT OR CONTRACTUAL WORK WILL BE CONSIDERED WITHOUT DISCRIMINATION TO RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP, MARITAL STATUS, SEXUAL ORIENTATION, AGE, DISABILITY, MILITARY, VETERAN STATUS OR ANY OTHER PROTECTED STATUS OR CLASSIFICATION UNDER FEDERAL, STATE OR LOCAL LAW.