



Home Health Care Services, Inc
Hospice & Palliative Care Services, LLC

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race religion, national origin, sex, age, handicap, marital status or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Applicant Name:		Today's Date:		
Home Phone:		Cell Phone:		Email Address:
Current Address:		City:	State:	Zip:
How were you referred to the Anova:				
Position(s) applying for:				
Full Time	Pat Time	Per Visit	On-Call Weekdays	On-Call Weekends
Salary Desired:		If hired, on what date can you start working?		
Have you ever applied to work for Anova before? If yes, please explain.				
Do you have any friends, relatives, or acquaintances working for Anova? If yes, state name and relationship.				
If hired, do you have transportation to/from work?			Are you over the age of 18?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, would you be able to present evidence of your U.S. Citizenship or proof of you legal right to work in the United States				
If hired are you willing to submit to and pass a controlled substance test?				
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodations? If no, describe the functions that cannot be performed. <i>(Note: Anova complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)</i>				
Have you ever been convicted of a criminal offence (felony or misdemeanor)? If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. <i>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offence to the position(s) applied for may, however, be considered.)</i>				

EMPLOYMENT RECORD

Most recent employer:		Job Title:	
From:	To:	Salary	Job Responsibilities:
Supervisor:		Phone:	
Address/City/State/Zip			
Reason for Leaving?		May we contact employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Most recent employer:		Job Title:	
From:	To:	Salary	Job Responsibilities:
Supervisor:		Phone:	
Address/City/State/Zip			
Reason for Leaving?		May we contact employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Most recent employer:		Job Title:	
From:	To:	Salary	Job Responsibilities:
Supervisor:		Phone:	
Address/City/State/Zip			
Reason for Leaving?		May we contact employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Most recent employer:		Job Title:	
From:	To:	Salary	Job Responsibilities:
Supervisor:		Phone:	
Address/City/State/Zip			
Reason for Leaving?		May we contact employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION RECORD

High School	Location (city/state)	Major Course	Dates Attended	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Technical/Trade	Location (city/state)	Major Course	Dates Attended	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College	Location (city/state)	Major Course	Dates Attended	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College	Location (city/state)	Major Course	Dates Attended	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Other	Location (city/state)	Major Course	Dates Attended	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

Professional Memberships, Licenses, or Certificates held:

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? If yes, please list.

Do you speak, write, or understand any foreign language(s)? If yes, describe which language(s) and how fluent you consider yourself to be.

MILITARY RECORD

Branch of Service _____ From: _____ To: _____

Present Military Affiliation:
 None Reserve Reserve (inactive)

Kinds of training and duties while in service

OUTSIDE ACTIVITIES

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap)

Past and present civic or cultural activities - include office held:

Principal hobbies:

REFERENCES

(List 3 professional references including at least 1 supervisor)

Name	Title	Address (street/city/state/zip)	Phone #
Name	Title	Address (street/city/state/zip)	Phone #
Name	Title	Address (street/city/state/zip)	Phone #

PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be ground for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. _____ (initials)

I understand that if I am employed, my employment is not definite and can be terminated at any time either with our without prior notice, and by either me or the company. _____ (initials)

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorized the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination of revelation. _____ (initials)

APPLICANT'S SIGNATURE: _____

DATE: _____



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