





**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past seven years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No    If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_ Yes \_\_\_\_ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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## Pre-Employment Conditions

In order to be considered for employment with Alpha Home Healthcare you must fulfill all the conditions listed below.

Please read and sign below before completing the application.

- 1) I have reliable transportation (riding a bus or any other public transportation is not considered reliable transportation)
- 2) I have a personal computer with internet connection at home.
- 3) I will sign up for direct deposit.
- 4) I will be expected as a condition of my employment to be tobacco-free upon hire and to remain tobacco-free during my employment with Alpha Home Healthcare Inc.

Name: \_\_\_\_\_

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

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

## PRE-INTERVIEW QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return to one of our staff:

1. What is the number one reason you want this job.

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2. How can you make a difference at our company

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3. What are the three important things you think our company does every day

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a) \_\_\_\_\_

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b) \_\_\_\_\_

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c) \_\_\_\_\_

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4. If you've ever been fired, tell us what happened

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5. What makes for a satisfactory work experience

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6. Tell us something you are excited about

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7. Where do you see your career three years from now?

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