# ALPHA HOME HEALTHCARE INC Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

OFFICE USE ONLY:	
Date received:	
Reviewed by:	

DI EASE COMPLETE E	DACES 1 F		DATE		
PLEASE COMPLETE F	AGES 1-5.		DATE _		
Name					
	Last	First	Middle		Maiden
Present address	Number	Street	City State	Zip	
How long at current add	ress?		Social Security No.		_
Telephone ( )			Emergency Contact N		
	YESNO, if "YE	-			
Are you currently author	rized to work in the United	d States?Y	<del></del>		required if hired.
Position applied for (1) and wage desired (2) (Be specific)			No Pref Mon	/ailable to work Thurs Fri Sat Sun	
How many hours can yo	ou work weekly?				
Employment desired	□FULL-TIME ONLY	□PART-	TIME ONLY P	ULL- OR PART-	TIME
When are you available	to start work?				
	out Alpha Home Healthca				
,	·				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATIO (Complete n address	nailing CON	R OF YEARS IPLETED	MAJOR & DEGREE
High School					
College					
Bus. or Trade School					
bus. of Trade School					
Professional School					
			I		1
Have you ever been cor you are applying? ☐ No	nvicted of a crime which is		elated to the functions necessarily disqualify		
	of conviction(s), nature of imposed and type(s) of re		ng to conviction(s), how	-	

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### APPLICATION FOR EMPLOYMENT DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No What is your means of transportation to work? Driver's license number \_\_\_ \_\_\_\_\_ State of issue \_\_\_\_\_ □ Operator □ Commercial (CDL) □ Chauffeur Expiration date How many? \_\_\_\_\_ Have you had any accidents during the past three years? How Many? \_\_\_\_\_ Have you had any moving violations during the past three years? OFFICE POSITIONS ONLY ☐ Yes Word ☐ Yes ☐ Yes □ No **Typing** □ No WPM 10-key ☐ No Processing WPM PC Other \_\_\_\_\_ Personal ☐ Yes Skills \_\_\_\_\_ Computer □ No Mac Please list two references other than relatives. Name \_\_\_\_\_ Name \_\_\_\_\_ Company \_\_\_\_\_ Company Address Telephone ( ) Telephone ( ) Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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APPLICATION	OR EMPLOYMENT			
MILIT	TARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	☐ Yes ☐	No		
Specialty Date En	ered	Discharge Date	·	
Work Please list your work experience for the past s  Experience If you were self-employed, give firm name. At			nt job held.	
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
There names.		То	Final	
	Your last job title			
Reason for leaving (be specific)				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
Thone number		То	Final	
	Your Last Job Title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned,	advancements or pro	motions while you wor	ked at this company.	

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### APPLICATION FOR EMPLOYMENT

Work Please list your work experience for the past seven years beginning with your most recent job held.

experience If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or company.	learned, advancer	ments or promotion	s while you worked at this
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
Thore number		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or company.	learned, advancer	ments or promotior	ns while you worked at this
May we contact your present employer?	□ No If not, who dicate if you are abou answered "No"	ole to perform the e	ssential functions of the job

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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:
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## PRE-INTERVIEW QUESTIONNAIRE

		Name:
		Please complete and return to one of our staff:
	1.	What is the number one reason you want this job.
	2.	How can you make a difference at our company
	3.	What are the three important things you think our company does every day
a)		
<b>o</b> )		
;)		
	4.	If you've ever been fired, tell us what happened
	5.	What makes for a satisfactory work experience
	6.	Tell us something you are excited about
	7.	Where do you see your career three years from now?

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