

ROCKY MOUNTAIN HOME CARE APPLICATION FOR EMPLOYMENT

Rocky Mountain Home Care is an equal opportunity employer. Rocky Mountain does not discriminate in hiring, employment or on the basis of race, religion, national origin, color, gender, age or on the basis of disability so long as the prospective employee or employee has the ability to perform the essential functions of the job.

PERSONAL INFORMATION

Today's Date: _____ Social Security Number: _____

Name : _____
Last
First
Middle

Present Address: _____
Street
City
State
Zip

Permanent Address: _____
Street
City
State
Zip

Home Phone Number: _____ Alternate Phone Number: _____

EMPLOYMENT DESIRED

Position Applying for: _____

Are you licensed and/or certified as: *(please check applicable areas)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Licensed Practical Nurse (LPN/LVN) | <input type="checkbox"/> Nurses Aide (NA) |
| <input type="checkbox"/> Home Health Aide (HHA) | <input type="checkbox"/> Physical Therapist (PT) | <input type="checkbox"/> Occupational Therapist (OT) |
| <input type="checkbox"/> Speech Therapist (ST) | <input type="checkbox"/> Social Worker (MSW/CSW) | <input type="checkbox"/> Other _____ |

State/s you are currently licensed in: _____

Have you ever applied to Rocky Mountain before? Yes No When? _____

FORMER EMPLOYERS (List below the last three employers, **most recent first**)

Dates	Complete Name and Address City, State, Zip	Phone	Salary (hourly rate)	Position	Reason For Leaving
From					
To				Supervisor:	
From					
To				Supervisor:	
From					
To				Supervisor:	

May we contact your present employer? Yes No If no, please indicate the reason: _____

Have you ever been involuntarily terminated or have you ever resigned rather than face involuntary termination from any job? Yes No If so, please indicate the reason: _____

Have you ever been convicted of a felony or misdemeanor? Yes No If so, indicate the reasons: _____

Have you ever been cited for any traffic violations, other than parking, in the last 3 years? Yes No
 List: _____

EDUCATION				
Circle Grade Completed: 8 9 10 11 12 13 14 15 16				
	Name of School	Location	Did you Graduate?	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please list the names of three persons not related to you whom you have known for at least one year.

Name	Address	Phone	Relationship	Years Known
1.				
2.				
3.				

WORK DESIRED

Do you have transportation available during required work hours? _____

In what geographical areas are you willing to work? _____

Hours available to work:

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
From							
To							

Are you available to work: Weekends? Yes No Holidays? Yes No

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that the information contained in this employment application is correct and that falsification of this information shall be grounds for dismissal if I am employed by Rocky Mountain Home Care. If employed by Rocky Mountain Home Care, I understand that employment may be terminated, with or without cause, at any time, with or without notice, both at my option, and at the option of Rocky Mountain Home Care. I further understand that Rocky Mountain Home Care may, from time to time, promulgate employment policies and procedures or other information concerning employment and benefits. I agree that no such information, whether written or otherwise, shall constitute an employment contract, either express or implied. If I am employed by Rocky Mountain Home Care, I fully understand that no manager or other representative of Rocky Mountain Home care, other than the president or vice president, shall have any authority to enter into any other contract for employment or any other agreement contrary to the foregoing.

Applicant's Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by : _____ Date: _____

Interview Rating:	Excellent	Good	Fair	Poor
Experience				
Dependability				
Professionalism				
Problem resolution				
Integrity				

Employee comments and/or clarifications during interview: _____

REFERENCES SENT

Date: _____ To Whom: _____ Received: _____