

## APPLICATION FOR EMPLOYMENT

JMJ Home Health Services does not discriminate on hiring or employment on the basis of race, color, religion creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however its receipt does not imply that the applicant will be employed.

- You must fully and accurately complete this Application for Employment. Incomplete application will not be considered.
- This application for employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new Application for Employment.

### PERSONAL INFORMATION

Last Name:	First Name	Middle Initial
Address		
Telephone No.	Social Security No.	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, can you supply the required document to verify your lawful right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### POSITION APPLIED FOR:

Date Available for Work:	Salary Desired
<input type="checkbox"/> Per Diem <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If Part-Time, Days Available:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by JMJ Home Health Services? If Yes, give dates: from ___/___/___ to ___/___/___	
Have you ever been convicted of a felony, or within the last five years, a misdemeanor, which resulted in imprisonment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### EDUCATIONAL BACKGROUND

	Name & School Location	No. of Years Attended	Did you Graduate?	Degree/Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational or Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laboratory or X-Ray Training				

Last Name:	First Name	Middle Initial
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**EMPLOYMENT HISTORY**

Provide the following from your past and current employer, assignments or volunteer activities – starting from the most recent (use additional sheets if necessary).

Employer	Telephone	Dates Employed	Type of Work
Address			
Job Title		Hourly Rate Starting	
Immediate supervisor and Title		Hourly Rate Final	
Reason for Leaving			
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer	Telephone	Dates Employed	Type of Work
Address			
Job Title		Hourly Rate Starting	
Immediate supervisor and Title		Hourly Rate Final	
Reason for Leaving			
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer	Telephone	Dates Employed	Type of Work
Address			
Job Title		Hourly Rate Starting	
Immediate supervisor and Title		Hourly Rate Final	
Reason for Leaving			
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Please explain all periods of unemployment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you consider yourself able to perform all of the duties required by the job(s) for which you are making this application without endangering yourself, other employees or patients?  
 Yes  No If No, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Last Name:	First Name	Middle Initial
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**REFERENCE(S):**

Give the name of three business/work references, not related to you, whom you have known at least one year. If not applicable, list three school or personal references that are not related to you.

Name	Address	Telephone	Years Acquainted
1.			
2.			
3.			

**PROFESSIONAL LICENSES, REGULATIONS AND/OR CERTIFICATION**

Type	State Issued	Expiration Date	License Number

**EMERGENCY CONTACT:**

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Last Name:	First Name	Middle Initial
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I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentation are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I give the employer the right to contact and obtain information from all references, employers, and educational institution and otherwise verify the accuracy of the information contained in this application.

I consent to take the pre-employment physical examination and JMJ Home Health Services may require such future physical examination as at such times and places as JMJ Home Health Services shall designate. I understand that a photograph may be required after employment.

I understand that I will be required to follow the personnel policies and rules of JMJ Home Health Services and that infraction of said rules might lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on the application form.

I further understand that JMJ Home Health Services follows the "fair employment practice code" and there is no discrimination in the firing of individuals based on sex, race, religion, age, color, disability, marital origin, ancestry, or physical or mental handicap unrelated to ability to perform the work required.

I understand that if I am employed it will be on a probationary or trial basis for a period of 90 days. Upon termination, I authorize the release of reference on my work performance.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_