

EMPLOYMENT APPLICATION FOR: A-Z HOME & HEALTHCARE SERVICES INC.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

OFFICE USE: 6 POINT CHECK _____

REFERENCES: SENT ___ BACK ___

PERSONAL INFORMATION:

SOCIAL SECURITY NUMBER: _____

NAME: _____ IF APPLY MAIDEN NAME: _____
LAST FIRST MIDDLE LAST

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

SECONDARY PHONE: _____

DO YOU HAVE ANY RELATIVES EMPLOYED BY THIS COMPANY? _____ IF YES WHO? _____

REFERRED BY: _____

EDUCATION:

GRAMMER SCHOOL
NAME:

HIGH SCHOOL
NAME:

COLLEGE/TRADE SCHOOL
NAME:

LOCATION:

LOCATION:

LOCATION:

GRADUATED: YES OR NO

GRADUATED: YES OR NO

GRADUATED: YES OR NO

PLEASE LIST ANY SUBJECTS OF SPECIAL STUDY OR RESEARCH: _____

DO YOU SPEAK, READ, OR WRITE ANY LANGUAGES OTHER THAN ENGLISH? _____ IF YES WHAT: _____

EDUCATION LICENSE OR CERTIFICATE NUMBER OR NUMBERS: _____

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: \$ _____ per hr.

HAVE YOU EVER APPLIED HERE BEFORE? _____ IF YES WHEN? _____

ARE YOU EMPLOYED NOW? _____ MAY WE CONTACT YOUR EMPLOYER? _____ EMPLOYER PHONE NUMBER: _____

**** BY LAW, WE MUST FINGERPRINT AND BACKGROUND CHECK EVERY EMPLOYEE ****

AVAILABILITY:

DAYS OF THE WEEK AVAILABLE TO WORK: SATURDAY SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

HOURS OF THE DAY AVAILABLE: _____ ARE YOU WILLING TO ROTATE WEEKENDS? _____

PERSONAL RECORD:

Do you have any physical conditions which may limit your ability to perform the job applied for? _____

ARE YOU ALLERGIC TO ANY HOUSEHOLD ANIMALS? _____ IF YES WHAT? _____

IN CASE OF AN EMERGENCY WHO WOULD YOU LIKE US TO NOTIFY? _____ RELATIONSHIP : _____

ADDRESS: _____

PHONE NUMBER: _____ SECONDARY PHONE: _____

ARE YOU COMFORTABLE DRIVING IN BAD WEATHER? _____

DO YOU HAVE CAR INS? _____ WHO IS THE INSURANCE AGENCY YOU USE? _____ CAN YOU SHOW PROFF? _____

REFERENCES:**WORK**

LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST:

MONTH AND YEAR WORKED	<u>NAME, ADDRESS, PHONE</u> THIS INFO IS NEEDED	SALARY	POSITION	REASON FOR LEAVING
START				
END				
START				
END				
START				
END				
START				
END				

PERSONAL

LIST BELOW THREE PERSONAL REFERENCES WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR, AND ARE NOT RELATED TO:

NAME	<u>ADDRESS & PHONE NUMBERS</u> THIS INFO IS NEEDED	BUSINESS	YEARS ACQUAINTED

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

SIGNATURE: _____

DATE SIGNED: _____

A-Z HOME & HEALTHCARE SERVICES
113 4TH STREET NW, NEW PHILADELPHIA, OHIO 44663
OFFICE: 330-364-1900 or FAX: 330-339-9549

AUTHORIZATION FOR REFERENCE FORM

I _____ have authorized A-Z Home & Healthcare Services to contact all references
PRINT NAME
listed on agency application, for employment reference.

Applicant's Signature: _____ Date: _____

Maiden Name or Names: _____

The applicant above has applied for employment with our agency and has given your name as a reference. This information will be used as an aid in selection of our employees. Your candid and objective evaluation of the above applicant will be sincerely appreciated.

Please complete the form and return to the address above as soon as possible.
Thank you for your assistance

Professional reference:

- Dates of employment: _____ to _____
- Employee title: _____
- Duties Performed: _____
- Would this employee (past or present) be eligible for rehire? _____
- Please check the following in appropriate column

	OUTSTANDING	SATISFACTORY	UNSATISFACTORY
ATTENDANCE			
RELIABILITY			
COURTESY			
JUDGEMENT			

Signature: _____ Title: _____

Personal reference:

- How long have you know the applicant? _____
- Please give us some comments on how you know the applicant and why you think they would benefit or agency.

Signature: _____ Date: _____

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A-Z HOME & HEALTHCARE SERVICES INC.

113 4TH STREET NW

NEW PHILADELPHIA, OHIO 44663

330-364-1600

DRUG TESTING:

- A-Z HOME & HEALTHCARE SERVICES INC. RESERVES THE RIGHT TO DO RANDOM DRUG TESTS ON ANY EMPLOYEE AT ANY GIVEN TIME.
- THIS TIME FRAME WILL STARTS FROM THE APPLICATION PROCESS, AND WILL CONTINUE THE ENTIRE TIME OF EMPLOYMENT.
- IF YOU REFUSE TO GET DRUG TESTED OR DO NOT SHOW UP FOR YOUR DRUG TEST, YOU WILL BE EITHER NOT HIRED, OR TERMINATED IMMEDIATELY.
- IF AT ANYTIME YOUR ARE DRUG TESTED AND YOUR RESULTS COME BACK WITH A POSITIVE READING, YOU WILL BE FINANCIALLY RESPONSIBLE FOR THE DRUG TEST.
- A-Z HOME & HEALTHCARE SERVICES INC. DOES NOT HAVE TO GIVE MORE THAN A 24 HOUR NOTICE BEFORE TESTING.

- BY SIGNING THIS DOCUMENT, YOU HAVE ACKNOWLEDGED AND UNDERSTAND THE STATEMENTS ABOVE.

SIGNATURE:

DATE:

PRINT NAME:

A-Z HOME & HEALTHCARE REPRESENTATIVE:

DATE: