

# APPLICATION FOR EMPLOYMENT

INTERVIEW    Yes    No   Date: \_\_\_\_\_

## PERSONAL HISTORY

APPLICANT NAME		
Last	First	Middle
SOCIAL SECURITY NO.	ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRESENT ADDRESS (include city, state, zip)		PHONE Home (   ) Other (   )
POSITION APPLYING FOR	IF APPLYING FOR A DRIVER POSITION ARE YOU AT LEAST 20½ YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	AVAILABLE FOR <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN
HAVE YOU APPLIED BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, date applied _____ REFERRED BY: <input type="checkbox"/> Employee _____ (Name) <input type="checkbox"/> Applied on-line _____ (Name of site) <input type="checkbox"/> Newspaper or Journal _____ (Name) <input type="checkbox"/> Almost Family web site <input type="checkbox"/> Direct Mail <input type="checkbox"/> Recruiter Call <input type="checkbox"/> Other _____		List name(s) of relatives employed by Almost Family _____ _____ _____
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, explain _____		
If you are uncertain about the essential functions applicable to the position for which you are applying, please ask for clarification before responding.		

TYPE OF SCHOOL	NAME OF SCHOOL CITY & STATE	LAST YEAR ATTENDED	GRADUATED (✓)		DEGREE/CERTIFICATE
			YES	NO	
HIGH SCHOOL		9   10   11   12			
COLLEGE		1   2   3   4			
NURSING, TECHNICAL, OTHER					
GRADUATE STUDIES					

List any professional licenses you possess. Indicate type of license, number, state, date issued and expiration date


Are you attending school now?    Yes    No   If yes, course of study \_\_\_\_\_   Anticipated graduation date \_\_\_\_\_

**EMPLOYMENT HISTORY (Resume may be substituted.)**

EMPLOYER NAME AND ADDRESS (start with most recent)	EMPLOYMENT DATES		TITLE	REASON FOR LEAVING	HOURLY RATE / SALARY
	From	To			
				May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ Per
					\$ Per
					\$ Per
					\$ Per

IN WHAT STATES HAVE YOU LIVED DURING THE PAST 10 YEARS?

HAVE YOU EVER WORKED FOR ALMOST FAMILY OR A SUBSIDIARY COMPANY?  Yes  No If yes, position:

Dates of employment:

HAVE YOU EVER SERVED IN THE MILITARY?  Yes  No

JOB-RELATED SKILLS OR EXPERIENCE:

**PLEASE READ CAREFULLY AND SIGN.**

The information given by me in this application for employment is certified to be true and complete for all practical purposes. I authorize investigation of all statements contained in this application and understand that they may be verified by Almost Family or any subsidiary thereof. Should a position be offered and later it is found that the information provided in this application for employment is significantly untrue, incomplete or misrepresented, I understand that Almost Family and its subsidiaries are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that my employment is based upon the successful completion of my orientation. I also understand that, if hired, employment is on an "at will" basis and that either I or the company may terminate my employment at anytime, with or without cause, with or without notice. I also understand that this "at will" employment relationship may not be changed by any written documentation or conduct unless such change is specifically acknowledged in writing by an officer of the company.

**NOTICE:**

I understand that, as a condition of my consideration for employment, or as a condition of my continued employment, Almost Family may obtain a consumer report. I hereby authorize and consent to Almost Family's procurement of such a report. I understand that, pursuant to the Fair Credit Reporting Act, Almost Family will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

**AUTHORIZATION AND RELEASE:**

I authorize Almost Family to obtain information concerning my employment, education, criminal record, character, general reputation, driving history and financial responsibility. I release all such persons or organizations from all liability for any damages that may result from furnishing such information to Almost Family. I further understand that a copy of this authorization and release may be used in obtaining such information.

Applicants will receive consideration for positions, without regard to race, color, religion, age, sex, (except where sex is a bona fide occupational qualification) sexual orientation, marital status, individuals with disabilities, disabled veterans and veterans of the Vietnam era, or any other protected factor in accordance with applicable laws.

**APPLICATION MUST BE SIGNED AND DATED TO BE ACCEPTED FOR CONSIDERATION.**

Applicant's Signature	Date
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