

Application for Employment



208 Old Mill Road | Martinsburg, WV 25401 | 304-263-5680 | 1-800-397-7444

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Positions applied for _____ Date of Application _____

How did you learn about us?

Advertisement Relative Inquiry
Employment Agency Friend Other

Last Name		First Name		Middle Name	
Address:					
Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number		

Best Time to Contact you at home is _____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?
Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date: _____

Have you ever been employed with us before? Yes No If Yes, give date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Panhandle Home Health is an equal opportunity employer.

Date available to work:

What is your desired salary range?

Are you available to work:

Full-time

Part-time

Temporary (please indicate dates available)

Nurses Only: PRN/Weekends

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last five years? Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

Education

Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School			
High School			
Undergraduate School			
Graduate School			
Other (Specify)			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

Typewriter – WPM

Spreadsheet/Excel

Microsoft Word

PowerPoint

Other (list)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

References:

1. Name Phone #

Address

2. Name Phone #

Address

3. Name Phone #

Address

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be charged by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks

Interviewer

Date

Employed Yes No

Date of Employment

Job Title

Hourly Rate/Salary

Department

By

Name and Title

Date

For personnel department use only

Position(s) applied for is open: Yes No

Position(s) considered for:

Date

Name

Position

Date

Comments