

PANHANDLE

HOME HEALTH, INC.

Application for Employment

Panhandle Home Health, Inc. considers applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For:	Name (Last, First, Middle Name):		Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give date:	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give date:	
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their position?	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Proof of citizenship or immigration status will be required upon employment.</i>	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a felony within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</i>	
Date available for work:	What is your desired salary range?		
How did you learn about this employment opportunity at Panhandle Home Health? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee <input type="checkbox"/> <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”
PLEASE NOTE: Panhandle Home Health, Inc. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
	Starting Salary: Final Salary:	Organization Name and Address:
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the 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 changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Panhandle Home Health, Inc.

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 Panhandle Home Health, Inc.

Signature of Applicant: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By _____
NAME AND TITLE DATE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER