

ALL BY GRACE HOME HEALTH CARE, INC.

ALL BY GRACE HOME HEALTH CARE, INC.

NAME: _____ Date: _____

OTHER NAME USED IN EMPLOYMENT: _____

REFERENCES SENT 1 _____ 2 _____ RECEIVED 1 _____ 2 _____

POSITION DESIRED: _____

STATE LICENSE #: _____ EXPIRATION DATE: _____

Last Name	Middle	First

Street Address: _____		
Home Phone: _____ Business Phone: _____		
City: _____ State: _____ Zip Code: _____		

AVAILABLE: Full Time: _____ Part Time _____ Contract: _____

SHIFTS WILLING TO WORK: Day: _____ Evening: _____ Weekend: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.A.? Yes _____ No _____

IF ON A VISA, WHAT TYPE? _____

SOCIAL SECURITY # _____

DRIVERS LICENSE # _____

EXPIRATION DATES: Health Card: _____ CPR Card: _____

ACLS CERTIFICATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes _____ No _____

Conviction of a crime is not an automatic bar to employment, other factors such as the nature and date of the crime will be taken into consideration.

IF YES, GIVE DATE AND DETAILS: _____

ALL BY GRACE HOME HEALTH CARE, INC.

EDUCATION			
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Type of School:	Name & Location	Major	Degrees Obtained & Date
High School			
College			
Other Education or Special Training			
Other Education or Special Training			

See Resume Attached

WORK EXPERIENCE					
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DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
FROM	TO			POSITION	WORK PHONE	
					STARTING PAY	
				SUPERIOR & TITLE	FINAL PAY	

DESCRIBE DUTIES/RESPONSIBILITIES:

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DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
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DESCRIBE DUTIES/RESPONSIBILITIES:

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ALL BY GRACE HOME HEALTH CARE, INC.

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this is not a contract, offer, or promise of employment and that if hired, I can be terminated at will, with or without cause, with or without notice, at any time and for any reason, at the option of either **ALL BY GRACE HOME HEALTH CARE, INC.** or myself. I further understand that no supervisor, manager, official or representative **ALL BY GRACE HOME HEALTH CARE, INC.** and its related entities has the authority to enter into an employment contract or make any agreement, orally or in writing, contrary to the foregoing.

I have read, understand, and agree to this statement _____ **(please initial here).**

ALL BY GRACE HOME HEALTH CARE, INC. in considering my application for employment may verify the information set forth on this application, related papers or oral interviews and obtains additional background information relating to my background. I authorize all persons, schools, companies, corporations, law enforcement agencies and doctors to supply any information concerning my background that they may have whether or not it is on their records. I hereby release them and their company from all liability for divulging same. A photographic copy of this authorization shall be as valid as the original. If any of my given information is found to be false or misleading, I understand that I will be subject to dismissal at any time during the period of my employment without liability for wages or salary except such as may have been earned at date of such termination and I agree to hold **ALL BY GRACE HOME HEALTH CARE, INC.** and persons named herein blameless in that event.

I have read, understand and agree to this statement (please initial here). _____

ALL BY GRACE HOME HEALTH CARE, INC. is an equal opportunity employer and does not discriminate in its recruiting, selecting and hiring procedures because of race, color, gender, religion, national origin, age, sexual orientation or disability status nor does it discriminate with regard to Veteran status.

DATE: _____

SIGNED: _____