

DOCTOR'S CHOICE HOME CARE INC.

APPLICATION FORM

It is this Agencies Policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or disability.

APPLICANT FULL NAME:				
CURRENT HOME ADDRESS:				
HOME PHONE:		CELL PHONE:		FAX
POSITION APPLIED FOR:				
DATE AVAILABLE:				
If you are not a US Citizen, have you the legal right to remain permanently in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offence within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give date, place and nature of each such conviction _____				
Are you presently charged with any violation of the law other than traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give date, place and nature of each such conviction _____				
EDUCATION HISTORY				
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
List Profession Licenses you possess. Indicate type of License, number and State:				
List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin or disability:				
List languages spoken other than English:				
List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:				

NAME: _____

REFERENCES: Please list 3 references, 2 of which must be in a <u>professional</u> capacity –		
NAME:	ADDRESS:	PHONE NO.
<ul style="list-style-type: none">• I certify that the information in this application is true and complete for all practical purpose. It may be verified by the agency or any affiliate. Should a position be offered and later it is found that the information given is untrue, incomplete, or misrepresented, I understand and agree that the agency is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.• I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning that nature and scope of the investigation. <p>Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested. I also authorize any appropriate licensing board to release full information concerning my licensing history.</p>		
Applicant Signature:		
Date:		
REFERENCES CHECKED: <input type="checkbox"/> Yes <input type="checkbox"/> No		
INITIALS:		
IF HIRED:		
Position: Salary: Date of Hire: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Visit		