

Application for Employment

Home Health Care is an Equal Opportunity Employer. Employment offers are made on the basis of qualifications, without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

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.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	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:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Have you ever been employed by Infiniti Home Health Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Have you ever been convicted of a crime other than traffic offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what was the nature of the offense, the date and the location.	
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:	
How did you learn about this employment opportunity? Check all that apply:		<input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Ad in magazine	
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee <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 clinical skills, technical skills, clerical skills, trade skills, etc., relevant to this position.

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. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Infiniti Home Health Care 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:	Organization Name and Address:	
Final Salary:		
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
Primary duties:		Reason for Leaving:
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:	Organization Name and Address:	
Final Salary:		
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
Primary duties:		Reason for Leaving:

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

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Infiniti Home Health Care to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Infiniti Home Health Care serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with agency regulations. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____