



APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER**

NAME (LAST NAME FIRST)			
ADDRESS	CITY	STATE	ZIP
ARE YOU 18 YEARS OLD OR OLDER? _____YES _____NO		PHONE	

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? _____YES _____NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____YES _____NO	
EVER APPLIED TO THIS COMPANY BEFORE? _____YES _____NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? _____YES _____NO	WHERE?	WHEN?
REASON FOR LEAVING		
WHO REFERRED YOU TO THIS COMPANY? ____EMPLOYMENT AGENCY ____NEWSPAPER AD ____FRIEND ____STATE EMPLOYMENT OFFICE ____WALK-IN ____OTHER		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER (PLEASE SPECIFY)				

GENERAL

SUBJECTS OF SPECIAL STUDY
SPECIAL TRAINING
SPECIAL SKILLS

APPLICATION FOR EMPLOYMENT

FORMER EMPLOYERS

LIST BELOW, LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK
MILITARY SPECIALTY AND TYPES OF TRAINING	

We appreciate your interest in our company and the time you have taken to prepare this application. This application will remain in affect for 1 (one) year. If after 1 year you are still interested in being considered for employment, you must submit a new application.

READ STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION.

Compassionate Care Home Health Services, Inc. is committed to providing a work environment which is free from unlawful discrimination. CCHHS provides equal employment opportunity for all employees and applicants for employment without unlawful discrimination on the basis of race, creed, color, religion, sex, sexual preference, age, handicap, disability, height, weight, familial or marital status, citizenship, national or ethnic origin, current or future service in a uniformed service, or other basis prohibited by law. Equal Opportunity Employment includes, but is not limited to, hiring, promotion, transfer, demotion, termination, and training.

I understand that, in the event I am employed by the Company, I am employed “at-will,” which means the term of employment is not definite and my employment may be terminated at any time, with or without cause, without any advance notice, by either myself or my employer. The aforementioned constitutes the entire agreement between the Company and myself on the subject of termination, lay off and/or discharge and can only be changed by a written agreement signed and executed by the President of the Company.

I represent that the answers and information given by me in the Application are true and complete to the best of my knowledge. Without limiting the at-will employment relationship, I understand that my employment may be terminated at any time if you discover that I have provided incomplete, untrue, or misleading answers in this Application, or on any document or form executed by me any time during my employment.

I hereby authorize you to verify the information given and to investigate my background as deemed necessary, I authorize former employers, personal references, or any other agencies, institutions or persons (collectively referred to as “person”), to provide to you any information they have regarding me without receiving written notice from me. I hereby release and agree to hold harmless from liability and covenant not to sue any person providing information pursuant to this authorization. I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter or reprimand, or other disciplinary action regarding me is divulged to you by present or former employers.

I understand that an investigative consumer report may be ordered by the Company reporting my character, general reputation, personal characteristics and mode of living and that the Company will, upon my written request, provide me with additional information as to the nature and scope of any such report. I further understand that my offer of employment by the Company may be conditional upon my passing a physical examination, including a drug test, prior to employment.

I agree that any claim of lawsuit arising out of my employment with, or my application for employment with, CCHHS or any of its subsidiaries must be filed no more than six months after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to bind by the six-month period of limitations set for herein, and I WAIVE ANY STATUE OF LIMITATIONS TO THE CONTRARY.

SIGNATURE

DATE