



Loving Health Care, Inc.

Employment Application

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a non-related medical condition or disability. All questions must be answered and application signed. Any application that does not provide requested information will be automatically rejected.

Position(s) Applied for: _____ Date of Application: / /

Referral Source: Advertisement Employee Relative Walk-In Internet
 State Employment Agency Private Employment Agency Other

Name: _____ Social Security Number: - -
Last First Middle

Email Address: _____

Current Address: _____ City: _____ State: _____ Zip: _____
Number Street

How long at this address? _____

Previous Address: _____ City: _____ State: _____ Zip: _____
Number Street

How long at this address? _____

Phone Number: () - Cell Phone: () - Best time to call you: _____

What date are you available for employment? _____ Date: / /

Type of employment desired: *(check all that apply)* Full Time Part Time Temporary Seasonal

Are you able to work overtime if required? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you previously applied for a position at Loving Health Care, Inc.? Yes No When?

Have you previously worked for Loving Health Care, Inc.? Yes No When?

Are you eligible to work in the US? *(Proof of eligibility will be required before you can be employed.)* Yes No

Have you ever been convicted of / plead guilty to a crime? *(other than minor traffic violations)* Yes No

If yes, please explain: *(give date, location, charge, etc.)*

If the job requires, do you have a valid driver's license? Yes No

Have you had any moving violations in the past 3 Years? Yes No

If yes, please describe

Do you have any relatives currently employed by Loving Health Care, Inc.? Yes No

If yes, please list:

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No

If no, describe the functions that cannot be performed:

Emergency Contact

Name: _____ Phone: () - Relationship: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____
Number Street

Educational Background

Type of School	Name/City	Years Attended	Graduated	Course or Major
High School			Yes No	
College			Yes No	
Post Graduate			Yes No	
Business or Trade			Yes No	
Other			Yes No	

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section on the following page.

Employer	Dates Employed (month/year)	Summarize the nature of the work performed and job responsibilities
Phone	From To	
Address		
Job Title	Starting Hourly Rate/ Salary	
Supervisor's Name	\$ per	
Reason for leaving	Ending Hourly Rate/ Salary	
May we contact for reference/verification?	Yes No \$ per	

Employer	Dates Employed (month/year)	Summarize the nature of the work performed and job responsibilities
Phone	From To	
Address		
Job Title	Starting Hourly Rate/ Salary	
Supervisor's Name	\$ per	
Reason for leaving	Ending Hourly Rate/ Salary	
May we contact for reference/verification?	Yes No \$ per	

Employer	Dates Employed (month/year)	Summarize the nature of the work performed and job responsibilities
Phone	From To	
Address		
Job Title	Starting Hourly Rate/ Salary	
Supervisor's Name	\$ per	
Reason for leaving	Ending Hourly Rate/ Salary	
May we contact for reference/verification?	Yes No \$ per	

Comments and other skills, licenses, and certifications
(including explanation of gaps in employment):

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you, whom have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years Known	Relationship
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I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Loving Healthcare, Inc. other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Loving Healthcare, Inc..

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Loving Healthcare, Inc..

I give the employer and /or its' agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post accident occurrences.

The employer, Loving Healthcare, Inc., is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

NOTICE: This is to inform you that as part of processing your employment application, we may obtain a consumer report and/or an investigative report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of this notice and a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."

Applicant: Please do not write on this page. **For Office Use Only**

Interview Results

Interviewer	Date	Comments

Test Results

Test Administered	Date	Score	Comments/Interpretation

Reference Checks

Employer	Rehirable? Y/N	Comments