



Employment Application

Employees of Nobility Home Healthcare & applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

1. Last Name _____ First _____
2. Address _____
3. City _____ State _____ Zip Code _____
4. Home Phone _____ Cell/Pager No. _____
5. SSN: _____ DOB: _____
6. When can you begin work? _____

PLEASE, SHOW TIMES WHEN YOU'RE AVAILABLE TO WORK

| | <u>Daytime Hours</u> | <u>Night Time Hours</u> | <u>Live-In</u> |
|-----------|----------------------|-------------------------|----------------|
| Saturday | _____ | _____ | _____ |
| Sunday | _____ | _____ | _____ |
| Monday | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ |

7. Have you ever been employed to our agency? Yes No
8. Do you have any conditions that limit your ability to perform the job as listed in the *Job Description*?
Yes No If yes, what can be done to accommodate your limitations? _____
9. Are you registered or certified as any of the following? HHA CAN LVN RN OTHER _____
List certificate or license numbers and expiration dates _____
10. Do you have any home health care experience with the elderly? Yes No How long? _____



Employment History:

List employment for the past five years, with the most recent job first. Use a separate sheet if needed.

Company _____ Supervisor _____ Your Position _____
 Address _____ Phone _____
 Salary _____ Employed From: _____ To: _____ Reason Left _____
 May we contact your current employer? YES NO If no, why not? _____

Company _____ Supervisor _____ Your Position _____
 Address _____ Phone _____
 Salary _____ Employed From: _____ To: _____ Reason Left _____

Company _____ Supervisor _____ Your Position _____
 Address _____ Phone _____
 Salary _____ Employed From: _____ To: _____ Reason Left _____

References (3)

We require three references. Two references must be work related, with at least one in the eldercare field. Your third reference may be from (1) another type of business where you have work, (2) volunteer work or (3) home care training. These references may be clients, clients' relatives, supervisors or teachers.

1. Reference Name _____ Title _____ Phone _____
 Address _____ How Long? _____
2. Reference Name _____ Title _____ Phone _____
 Address _____ How Long? _____
3. Reference Name _____ Title _____ Phone _____
 Address _____ How Long? _____

Training/Education

| Names & Locations Of Schools | Field Of Study | Degree |
|------------------------------|----------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

What languages do you speak? _____

I authorize the references I have listed to provide all information regarding my suitability for employment. I hereby release all persons from any liability for any damages that may result from giving information to Nobility.

I also authorize and consent to the mandatory DHS background study as well as investigation of all statements contained in this application. I understand and agree that employment with Nobility Home Healthcare Inc. is at-will. That is, it may be terminated at the will of either employer or the employee at any time, with or without notice and with or without cause or reason.

Signature _____ Date _____