



**GREEN MEADOWS HOME HEALTH
EMPLOYMENT APPLICATION**

PLEASE READ CAREFULLY:

PERSONAL DATA				
		TODAY'S DATE: _____	DATE OF HIRE: _____	
NAME: _____				
LAST	FIRST	MIDDLE	MAIDEN	
CURRENT ADDRESS: _____				
NUMBER & STREET		CITY	STATE	ZIPCODE
DATE OF BIRTH: _____		SOCIAL SECURITY NUMBER: _____		
PHONE NUMBER: _____		EMAIL ADDRESS: _____		
ARE YOU OVER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO IF HIRED, YOU ARE REQUIRED TO SUBMIT PROOF OF AGE.				
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PLEASE EXPLAIN: _____				

EDUCATIONAL RECORD		
HIGH SCHOOL: _____	NUMBER OF YEARS COMPLETED: _____	GRADUATED? _____
COLLEGE: _____	NUMBER OF YEARS COMPLETED: _____	DEGREE & MAJOR: _____
COLLEGE: _____	NUMBER OF YEARS COMPLETED: _____	DEGREE & MAJOR: _____
COLLEGE IN WHICH YOU ARE CURRENTLY ENROLLED: _____		

PROFESSIONAL LICENSES/CERTIFICATIONS			
TYPE: _____	NUMBER: _____	ISSUE DATE: _____	EXP. DATE: _____
TYPE: _____	NUMBER: _____	ISSUE DATE: _____	EXP. DATE: _____
TYPE: _____	NUMBER: _____	ISSUE DATE: _____	EXP. DATE: _____

U.S. MILITARY EXPERIENCE

BRANCH: _____ RANK: _____ SERVICE SCHOOL ATTENDED: _____

SKILLS

PLEASE LIST ALL SKILLS THAT WOULD BE BENEFICAL IN ASSOCIATION WITH POSITION APPLIED FOR:

JOB INTEREST

POSITION APPLIED FOR: _____ DATE AVAILABLE: _____ SALARY DESIRED: _____

HOURS & SHIFT: _____ FULL OR PART TIME? _____ WEEKENDS/ON-CALL? _____

EMPLOYMENT HISTORY

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ PHONE: _____ DATES EMPLOYED: _____

REASON FOR LEAVING? _____

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ PHONE: _____ DATES EMPLOYED: _____

REASON FOR LEAVING? _____

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ PHONE: _____ DATES EMPLOYED: _____

REASON FOR LEAVING? _____

I HERBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO HAVE THE STATEMENTS CHECKED BY THE AGENCY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE AGENCY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE. I UNDERSTAND THAT THE OFFER OF EMPLOYEMENT MAY BE CONDITIONED BY COMPLETING A PRE-EMPLOYMENT MEDICAL EXAM. THE AGENCY COMPLIES WITH FEDERAL AND STATE LAWS WHICH PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, ANCESTRY, DISABILTY, VETERAN STATUS, SEXUAL ORIENTATION, OR MEDICAL CONDITION.

SIGNATURE _____

DATE _____