



7501 N. Milwaukee Ave. Suite 104 Niles, IL 60714
Phone: (847) 410-2851 Fax: (847) 410-2720

Application for Employment

Please read this application before completing it.

Homeland Home Health Provider, Inc. does not discriminate in hiring or employment on the basis of age; race; color; religious creed; physical, mental, or medical disability, national origin; gender; or ancestry. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however, its receipt does not imply that the applicant will be employed.

Please answer every question. Use ink and print.

First Middle Last Social Security No.

Address:

Number Street Telephone Number

City State Zip Code Length of time at this address

Position desired _____ Salary requirements _____

Date available for work _____

Proof of: (check one) () U.S. Citizenship () Visa () Other () Immigrant, Alien Registration No. _____

Do you want to work Full Time () Part Time () Specify days & Hours _____

Are you willing to work: Weekends () Holidays () Overtime () Evening () Nights ()

Educational Information:

Type of school Name & City Years Attended Graduated List Diploma or Degree

Grammar/Grade _____ Yes () No () _____

High School _____ Yes () No () _____

College/University _____ Yes () No () _____

Post Graduate _____ Yes () No () _____

Business/Trade _____ Yes () No () _____

Other _____ Yes () No () _____

Professional and Technical Skills (please check)

Dietetics/Nutrition () Nursing () Laboratory () Pharmacy () Physical Therapy ()

Respiratory Therapy () Occupational Therapy () Medical Social Work () Other ()

Professional Licenses, Registration and /or Certifications:

Are you currently () Registered () Licensed () Certified ()

Eligible for: () Registration () Licensure () Certification ()

Type _____ State issued _____ Date _____ Number _____

Health Record

How much time have you lost from work or school during the past three years due to accidents or illnesses?

Year	No. of days	Nature of illness
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any type of work or position for which you should not be considered or job duties you cannot perform because of a physical, mental or medical disability? Yes () No ()

If yes, please describe:

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes () No ()

If yes, please describe

References:

List three persons for reference (personal & professional)

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please read before signing. If you have any question regarding the statement, please ask the employment interviewer before signing.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would be disclosed, affect this application unfavorably.

I understand that any falsification or misrepresentation made by me on this application will cause for immediate dismissal. I hereby acknowledge that I have read the foregoing disclosure and understand the same.

Signature of applicant

Date

Employment History:

Name and address of employer: _____

Dates: from _____ to _____ last rate of pay _____

Supervisor's name and title: _____

Telephone number: _____

Reason for Leaving: _____

Describe in detail the work you did: _____

Employment History:

Name and address of employer: _____

Dates: from _____ to _____ last rate of pay _____

Supervisor's name and title: _____

Telephone number: _____

Reason for Leaving: _____

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Year	No. of days	Nature of illness
Year	No. of days	Nature of illness
Year	No. of days	Nature of illness

Is there any type of work or position for which you should **NOT** be considered or job duties you cannot perform because of a physical, mental or medical disability? Yes () No ()

If yes, please describe: _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes () No ()

If yes, please describe: _____

References:

List three persons for reference (personal & professional)

- 1. _____
- 2. _____
- 3. _____

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Signature of applicant

Date

Do not write below this line

Interview date _____

Hour _____

Interviewer's comments _____

Acceptable for employment? _____ Starting Date _____

Interviewed by _____

To be complete after hire:

Rehired? Yes Citizenship No. _____ Date of Birth _____

Male Female

Race: AA=Asian American NA=Native American B=Black H=Hispanic SSA=Spanish Surnamed American

W=White FL=Filipino OTH=Other

Notify in case of emergency:

Name	Home Address	Work Address
_____	_____	_____
_____	_____	_____
Relationship	Telephone	Telephone
Name	Home Address	Work Address
_____	_____	_____
_____	_____	_____
Relationship	Telephone	Telephone