

## Modern Sister's Home Healthcare LLC. APPLICATION FOR EMPLOYMENT

**Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veterans employment. We are an equal opportunity employer.**

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Other surnames that I have used: \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_ Referred By: \_\_\_\_\_

Are you legally entitled to work in the United States?  YES  NO Are you at least 18 years of age?  YES  NO

In Case of Emergency Notify: \_\_\_\_\_  
Name Phone # Relationship to you

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ Present Membership in National Guard or Reserves?  YES  NO

**EMPLOYMENT DESIRED**

Position:  RN  LPN/LVN  Homemaker  Home Health Aide  Staffing  Clerical  
 Personal Care Attendant  Other \_\_\_\_\_

Have you passed Competency Testing?  YES  NO Do you have a Certificate?  YES  NO

Do you have a current Driver's License?  YES  NO Do you currently have a car?  YES  NO

Have you ever applied to this Company before?  YES  NO Where? \_\_\_\_\_ When? \_\_\_\_\_

**PROFESSIONAL LICENSES, CERTIFICATION, AND REGISTRATIONS**

Do you have any professional licenses, certifications and/or registrations?  YES  NO

License/Certificate/ Registration #:	Type	State Issued	Date Expires	Status (List Active, Inactive, Restricted, Conditional or Pending)

**REFERENCES**

Give below the names of three **work related** references.

NAME	ADDRESS	COMPANY/POSITION	PHONE

**EDUCATION**

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	DEGREE/CERTIFICATION
HIGH SCHOOL			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
ADDITIONAL TRAINING				

**FORMER EMPLOYERS**

List below your complete employment history for the last five years, starting with the most recent position first. Attach additional pages if necessary.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER SUPERVISOR'S NAME	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO			
FROM				
TO				
FROM				
TO				
FROM				
TO				

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, and with or without any prior notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Modern Sister's Home Healthcare LLC.

## VOLUNTARY SELF-IDENTIFICATION INFORMATION

**Modern Sister's Home Healthcare, LLC** is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation or political beliefs.

As an employer, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Information form. This data is for analysis and affirmative action only and submission of this information is voluntary. This data will be kept in a confidential file separate from your Application for Employment.

Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

**Gender:**

- Male
- Female
- Choose not to respond

**Race/Ethnic Background:**

- American Indian / Alaskan Native
- Asian
- Native Hawaiian/ Other Pacific Islander
- Black / African or African American
- Hispanic / Latino
- White / Caucasian
- Two or More Races
- Choose not to respond

**Veteran Status:**

- Vietnam era veteran
- Disabled veteran
- Other veteran
- Non-veteran
- Choose not to respond

**Disability Status\*:**

- Disabled
- Not disabled
- Choose not to respond

\* According to the American with Disabilities Act, the term "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of that individual, a record of such an impairment, or being regarded as having such an impairment.