

# St. Anthony's Home Healthcare Services, LLC

## Application for Employment Application active for 30 days

THE FIRST 30 DAYS OF THE JOB, YOU WILL BE ON PROBATION.

WHEN THE PROBATIONARY PERIOD IS COMPLETE, WE MAY OFFER YOU EMPLOYMENT

Programs, services, and employment are equally available to everyone, without regard to race, color, sex, national origin or handicap. We rely on the statements and representations made in this employment application as a consideration for your employment by the company and your employment may be contingent on the representations contained herein. Please print in ink. Please inform the Human Resources department if you require reasonable accommodation.

Date of review \_\_\_\_\_ mth/day/yr

Date of Hire: \_\_\_\_\_ mth/day/yr

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### Personal Information

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Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:( ) \_\_\_\_\_

Cell:( ) \_\_\_\_\_

Position Applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one? \_\_ Yes \_\_ No

\_\_\_\_\_

\_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a US citizen \_\_ Yes \_\_ No

\_\_\_\_\_

\_\_\_\_\_

If not, are you legally allowed to work in the United States \_\_ Yes \_\_ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_ Yes \_\_ No.

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**If yes, please explain** \_\_\_\_\_

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**Is your name on the Employee Abuse Registry?** \_\_\_ Yes \_\_\_ No.

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Time of employment desired \_\_\_ Full time \_\_\_ Part Time Desired Salary \_\_\_\_\_

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Were you previously employed by us? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

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If Yes, when and in what position? \_\_\_\_\_

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Have you ever applied to us before? \_\_\_ Yes \_\_\_ No

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If Yes, when and in what position? \_\_\_\_\_

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### **Relevant Education**

**School:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Graduate:** \_\_\_ Yes \_\_\_ No

**School:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Graduate:** \_\_\_ Yes \_\_\_ No

**School:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Graduate:** \_\_\_ Yes \_\_\_ No

### **Other Skills**

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#### **EMPLOYMENT:**

**Previous employment (begin with most recent position)**

**Dates of employment:**

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position held

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone : ( ) \_\_\_ \_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact this employer for a reference? \_\_\_Yes \_\_\_No

**Dates of employment:**

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position held

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone : ( ) \_\_\_ \_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

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Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact this employer for a reference? \_\_\_ Yes \_\_\_ No

**Dates of employment:**

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position held \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone : ( ) \_\_\_\_\_ Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact this employer for a reference? \_\_\_ Yes \_\_\_ No

- |   |                |
|---|----------------|
| Have you had CPR training?              | ___ Yes ___ No |
| Have you had First Aid training?        | ___ Yes ___ No |
| Do you have recent fingerprint results? | ___ Yes ___ No |
| Have you been vaccinated ?              | ___ Yes ___ No |

What for? \_\_\_\_\_

Have you had experience with Alzheimer's or Dementia patients?

\_\_\_ Yes \_\_\_ No

Can you lift 50 lbs or more?

\_\_\_ Yes \_\_\_ No

Do you have any injuries that may interfere with your job?

\_\_\_ Yes \_\_\_ No

If yes, Please list details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List three professional references** (other than friends or relatives)

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |
|      |         |       |

Circle Schedule Preference

Day, Night, P/T, F/T, weekends, Other \_\_\_\_\_

**Person To Notify In Case Of Emergency**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMPLOYMENT APPLICATION DISCLAIMER  
AND ACKNOWLEDGMENT**

**Read Carefully.**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge, should I be hired. St. Anthony's reserves the right to conduct a police background check, drug testing and physical examinations when applicable. Nothing in this application or subsequent interviews creates a contractual agreement on the part of St. Anthony's. I understand and agree that if I am employed with St. Anthony's, my

employment is for no specific length of time and is terminable at will either by me or St. Anthony's. Upon termination, St. Anthony's will send me my earned wages up to date of termination, and no other claims will be made by me, for any amount. I also understand that the supervisor or staff cannot make promises of wage or position changes without the written authorization of the President, I hereby agree that in no event shall St. Anthony's be liable for any loss or damage to my personal property. I promise that if employed, I will observe all policies of my employer, I will faithfully perform all duties that may be assigned to me, and will promptly inform my employer of any act or conduct of other people which comes to my attention and which is considered detrimental to the interest of St. Anthony's Home Healthcare Services. I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge, should I be hired. St. Anthony's reserves the right to conduct a police background check, drug testing and physical examinations when applicable. Employment with St. Anthony's is conditional upon successfully passing the Nationwide Background check.

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WHEN THE PROBATIONARY PERIOD IS COMPLETE, WE MAY OFFER YOU EMPLOYMENT

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_