

(Please Print Clearly)

Personal Information

Date of Application _____ Date Available _____
 Social Security Number _____
 Name _____
Last First Middle
 Present Address _____
Street City State Zip Code Phone Number
 Permanent Address _____
(if Different than Present Address) Street City State Zip Code Phone Number
 If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone _____

Employment Desired

Type of Work Desired	Shift	Salary	Will You Accept Employment of _____ Full Time? _____ Part Time? _____ Temporary?
First Choice			Are You 18 yrs. of Age or Older? _____ Yes _____ No
Second Choice			Are You Employed Now? _____ Yes _____ No
Third Choice			May We Contact Your Present Employer? _____ Yes _____ No
			How Did You Learn Of This Opening?

Education

Circle Highest Grade Completed 8 9 10 11 12 13 14 15 16 Scholastic Honor Received _____

	Name of School	Location (City, State)	Courses Taken	Completed (mark one)	Type of Degree or Certificate Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes ___/___/___	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You are Applying: _____

Were you in the U.S. Armed Forces? _____ Yes _____ No If yes, what branch? _____

Dates of Duty: From ___/___/___ TO ___/___/___ Rank at Discharge _____
Month Day Year Month Day Year

Professional Licenses and/or Certifications

				Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Dates
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

 Last First Middle Initial

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____
 Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year

Do Not Answer Questions In This Area - To Be Completed After Employed

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number & Age of Children _____

Notify in Case of Emergency:

 Name Relationship

 Street City State Zip Telephone

What Language(s) (Other than English) Do You Speak? _____

This Page For Institution and Interviewers' Use Only

Interviewers Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use			
Hired _____	For what department _____	Position _____	
Salary _____ per	Year Month Hour	Starting Date _____	

Reference Release Form

Pro-Care Home Health
122 West Union Street
Hartford, KY 42347
(270)298-3112

I authorize any of the persons or organizations referenced in this application to give Pro-Care Home Health any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I hereby authorize Pro-Care Home Health to investigate my past and present work, character, education, military and police records to ascertain any and all information, which may be pertinent to my employment qualifications. I agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

This authorization shall be valid for one year from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Signature _____ Date _____

Witness _____ Date _____