



APPLICATION FOR EMPLOYMENT

CHCC Companies (Calcutta, Caprice, Carroll, Elmwood, Community Home Health, JCTH Ambulette Services)

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: _____ Social Security # _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone# _____ Mobile/Other Phone# _____ E-mail Address _____

Position(s) applied for: _____ Date of application: ____/____/____

Willing to work for which facility? (Check all that apply) _____ Calcutta _____ Caprice _____ Carroll _____ JCTH Ambulette _____ Elmwood
_____ Community Home Health

Referral Source (Please check the appropriate category and name the source.)

- Walk in _____
- Employee (List Name(s)) _____
- Advertisement _____
- Company Website _____
- Other Internet (Which site?) _____
- Other _____
- School _____
- Job Fair _____
- Staffing Agency (Agency Name) _____
- Govt Employment Agency _____
- Other (Name) _____

If necessary, best time to call you at home is _____ am/pm

May we contact you at work? _____ Yes _____ No

If yes, work number and best time to call: (____) _____ am/pm

If you are under 18 and it is required, can you furnish a work permit? _____ Yes _____ No

If no, please explain: _____

Have you submitted an application here before? _____ Yes _____ No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? _____ Yes _____ No

If yes, give dates: From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____ Yes _____ No

Date available for work..... ____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
Seasonal Temporary

Type of work schedule interested in: (Check all that apply)

- Days (1st Shift) Evenings (2nd Shift) Nights (3rd Shift)
- Weekends Overtime

Will you travel if job requires it? _____ Yes _____ No

If they have been explained to you, are you able to meet the attendance requirements of the position?
_____ N/A _____ Yes _____ No

Will you work overtime if required? _____ Yes _____ No

If no, please explain: _____

Driver's license number required if driving may be required in the job for which you are applying:

License # _____ State _____

Have you ever been bonded? _____ Yes _____ No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes _____ No

If yes, please provide date(s) and details: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates Employed: Month Year to Month Year	
Street Address	City State	Compensation (Starting)	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		
Summarize the type of work performed and job responsibilities			
What did you like MOST about your position			
What were the things you liked LEAST about the position			

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates Employed: Month Year to Month Year	
Street Address	City State	Compensation (Starting)	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		
Summarize the type of work performed and job responsibilities			
What did you like MOST about your position			
What were the things you liked LEAST about the position			

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates Employed: Month Year to Month Year	
Street Address	City State	Compensation (Starting)	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per		
Summarize the type of work performed and job responsibilities			
What did you like MOST about your position			
What were the things you liked LEAST about the position			



Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? _____ Yes _____ No

If yes, please explain: _____

Skills and Qualifications

Please use the space below for any additional information necessary to describe your full qualifications (i.e., specialty areas such as ICU, OB/GYN special equipment, typing speed, computer software programs).

Do you speak, read or write in any language other than English? _____ Yes _____ No

If yes, please describe _____

Education and Training			
Name of School and Address	Number of years	Course/Major	Diploma/Degree

Education and Training			
Professional License #	Type of License	Place of Issue	Expiration Date
			/ /
			/ /

Membership in professional organizations: If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification? _____ Yes _____ No

If yes, please give date, location, and disposition of your case. _____

References				
List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.				
Name	Title	Relationship to you	Telephone #	Number of years known
			()	
			()	
			()	



Related Information

To what job-related organizations (professional, trade, etc.) do you belong? Exclude memberships that would reveal race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current, or a prior job, have you ever written instructions or directions to be followed by employees, patients or others?
_____ Yes _____ No _____ Not Applicable

If yes, please explain: _____

Is there any other Job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

I expressly authorize without reservation, the employer, its representative, employees, or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application,

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: ____/____/____

