

Notice: Qualified applicants will receive consideration for employment without discrimination because of age, color, race, marital status, national origin, religion, sex, or sexual preference, or the presence of a physical, mental, or sensory handicap unrelated to job performance. **AUGUST HOME HEALTH, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.**

Date _____ Position Desired _____ Full Time Part Time Relief / On-Call

******* Please thoroughly answer each of the following questions *******

Name: Last _____ First _____ MI _____

Address: Street _____ City _____ State _____ Zip _____

Home Telephone: _____ Cell Phone: _____ E-Mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

EDUCATION				
Name Of School	City/State	Years Completed	Degree	Major
High School				
Technical School				
University				
Other				

Have you passed the G.E.D. test in lieu of high school graduation? YES NO

EMPLOYMENT RECORD:

Are you currently employed? YES NO When can you start?

If yes, may we contact your employer for a reference? YES NO

**** If no, please explain _____

Our business requires employees to maintain regular attendance. About how many days, per year, were you absent from your last job?
_____ Days Reasons _____

PRESENT or MOST RECENT EMPLOYER:

Name _____ Telephone _____

Address: Street _____ City _____ State _____ Zip _____

Position Title _____ Supervisor _____

Employment Dates From ____ / ____ / ____ To ____ / ____ / ____

Reason For Leaving _____

Job Duties _____

EMPLOYMENT APPLICATION (continued) NAME

PREVIOUS EMPLOYER:

Name _____ Telephone _____
Address: Street _____ City _____ State _____ Zip _____
Position Title _____ Supervisor _____
Employment Dates From ____ / ____ / ____ To ____ / ____ / ____
Reason For Leaving _____
Job Duties _____

MANDATORY QUESTIONS BEFORE HIRE:

Do you have responsibilities, commitments, or obligations that could prevent you from meeting our work schedule?
YES NO If yes, please explain _____

Do you have any physical, mental, or sensory handicaps that may limit your ability to perform the job for which you are applying? YES NO If yes, please explain _____

What accommodations would permit you to perform these duties? _____

***** WE REQUIRE A CRIMINAL HISTORY CHECK *****

Have you ever been convicted of a felony or been released from prison within the last seven (7) years?
YES NO If yes, please explain _____

Have you ever been arrested or convicted of a misdemeanor drug charge? _____

Have you ever had a complaint filed against you by Adult Protective Services or Child Services? Yes _____ No _____
If yes, please explain _____

If you are applying for a position which requires driving,...

Do you have a car that is in good condition? YES NO

Do you have car insurance? YES NO

Do you have a valid State of Idaho driver's license? YES NO

If yes, please give number _____ Expiration date _____

***** WE RESERVE THE RIGHT TO OBTAIN A MOTOR VEHICLE RECORDS CHECK *****

Have you had any traffic/driving violations in the past five (5) years?
YES NO If yes, please explain _____

Do you have a current Idaho State license or registration for the position for which you are applying?
YES NO If yes, please give the: NUMBER _____ EXPIRATION DATE _____

Has your license to practice ever been limited, suspended, or revoked?
YES NO If yes, please explain _____

Please explain your work objectives and your career goals _____

EMPLOYMENT APPLICATION (continued) NAME

References:

1) Name _____ Relationship _____ Phone _____
Street _____ City _____ State _____ Zip _____

2) Name _____ Relationship _____ Phone _____
Street _____ City _____ State _____ Zip _____

3) Name _____ Relationship _____ Phone _____
Street _____ City _____ State _____ Zip _____

STATEMENT OF AUTHORIZATION:

The statements set forth in my application for employment are true and complete. I agree that any misstatement or omissions as to fact will constitute grounds for unfavorable consideration for or dismissal from employment by August Home Health, Inc.

I hereby authorize August Home Health, Inc. to verify the information I have provided in this application. This verification may include former employers, educational institutions and other sources. I also authorize August Home Health, Inc. to obtain a motor vehicle report from the Department of Motor Vehicles. **I understand that my employment depends on my completion and passing a Criminal History Check. (This check covers any adult or child protection action of abuse).** I agree to hold August Home Health, Inc. and those persons who are contacted harmless from any legal claim regarding the verification process.

I agree to conform to August Home Health, Inc.'s personnel policies made known to me at time of employment or any subsequent time. I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.

Signature of Applicant

Date of Signature