



Greenspan Home Health Care
Employment Application

Personal Information

Today's Date: _____

Name: _____
LAST FIRST M.I.

Cell Phone: _____ MANDATORY E-mail: _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

Physical Address: _____
(If different from mailing address) Street City State Zip Code

Valid Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Reliable Transportation? **Yes** **No** If yes, explain: _____ Willing to Travel: _____

Social Security Number: _____ Date of Birth: _____

Emergency Contact Name: _____

Relationship to Emergency contact: _____ Phone: _____

Position Desired

Position Applied For: _____ Salary Desired _____

How did you hear about us/referred by: _____

Are you at least 18 years of age? **Yes** **No**

Are you a U.S. citizen? **Yes** **No** If not, give the country of your citizenship: _____

Have you ever been employed with **Greenspan Home Health Care, LLC**? **Yes** **No**

If yes, the position held at which client/location: _____ Year: _____

Do you have any relatives working at **Greenspan Home Health Care, LLC**? **Yes** **No**

If yes, please list: Name(s): _____ Relationship(s): _____ Department(s) _____

Employment History – Past 2 Years

List your employment activities, beginning with present and working back 2 years. The 2 year period must be accounted for without breaks. For periods of unemployment, unemployed, self-employment or attending school list dates.

START DATE	END DATE	FINAL POSITION TITLE	Final Salary
EMPLOYER		LAST SUPERVISOR'S NAME	Reason for Leaving
STREET ADDRESS, CITY, STATE, ZIP CODE			Phone
DESCRIPTION OF DUTIES			

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
DESCRIPTION OF DUTIES			

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
DESCRIPTION OF DUTIES			

References

Please list three references other than relatives

Name & Position	Company & Address	Telephone/E-mail

Education

School(s) Attended	Name & Location of School	Dates Attended	Degree/Certificate Received	Major
High School				
Community College/Trade				
College/University				

Other Qualifications

List all job-related skills or training that would benefit you in the position you have applied for:

Certification

Please read information below carefully before signing:

I declare under penalty of perjury that the facts contained in this application, resume' or other submitted documents are true to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and is justification for my dismissal from employment if discovered at a later date.

Initial

I voluntarily and knowingly authorize the release of any and all information requested by the **Greenspan Home Health Care, LLC** or agency acting on the corporation's behalf for the purpose of preparing an investigation report. I understand that my application for employment is not complete until I have completed any additional documents required for the purposes of completing the investigative report. I understand that I have the right to request a complete disclosure of the nature and scope of the investigation, along with information in my investigative file, upon reasonable notice to the **Greenspan Home Health Care, LLC**.

Initial

I authorize the investigation of all statement contained in this application/resume', and authorize any person, school, current and past employers and organizations to provide the company with records, information and opinion that may be provided in making a hiring decision. I release the **Greenspan Home Health Care, LLC** and all informants of liability for any damage that may result from furnishing information and opinion that is truthful or made in good faith.

Initial

I understand and acknowledge that this constitutes the entire agreement between me and the **Greenspan Home Health Care, LLC**. Regarding the term of my employment and supersedes any other verbal or written agreements expressed or implied. I understand that any job offer is subject to a 90-day probationary period.

Initial

I declare under penalty of perjury that all statements made in this application are true and correct.

Signature

Date