Huser Special Care

5023 E. 56th Street, Suite 320, Indianapolis, IN 46226

(317) 255-5700   Fax (317) 255-5709   Email: Kathy@HuserHomeCare.com

Employment Application

Name (First, Middle, Last): ____

Street Address: ____

City: ___________________________________ State: _________________ ZIP: ________-________

County ____________ Have you lived in this county over 3 years? __Yes ___No: Prior County:____________

Daytime Phone Number: (___) ______________ Evening Phone Number: (___) ______________

Cell Phone: (___) _____________ Email: ____

Position Applied For: ____

Date Available to Start Work: ______________ Are you at least 18 Years of Age? Yes ___ No___

Desired Salary or Hourly Wage: __________ Do you want: Full-time ____ Part-time ____ Either ____

What Shifts Will You Work: Days _____ Evenings _____ Nights_____

Are You Willing to Work Weekends? _______ Are You Willing to Work Holidays? _______

Specialty Certificates: _____CNA _____ Home Health Aide ___Other (specify):_____________

State Registration or Certification Number: ____

Are you Registered/Licensed/Certified in another state? If so, specify State and Date: __________________

Do You Have a Legal Right to Work in the United States? ____________ If No, Explain: ____________

____

What Special Equipment or Machines, Including Office, Can You Operate? _______________________

____

Comments/Special Skills (e.g., qualifications, training, conversational language skills, sign language):

____

Employment History

Failure to provide complete and accurate information on references and employers could result in your application being refused for consideration. Please begin with your current or most recent employer.

Dates of employment: From: ____________ To: ____________ Final Pay Rate:__________________

Company Name: ____ Phone No: _____________________

Address, City, State, ZIP: ____

Supervisor's Name: ______________________________________ Phone No: _____________________

Position(s) Held: ____

Reason for leaving: ____

Dates of employment: From: ____________ To: ____________ Final Pay Rate:__________________

Company Name: ____ Phone No: _____________________

Address, City, State, ZIP: ____

Supervisor's Name: ______________________________________ Phone No: _____________________

Position(s) Held: ____

Reason for leaving: ____

Dates of employment: From: ____________ To: ____________ Final Pay Rate:__________________

Company Name: ____ Phone No: _____________________

Address, City, State, ZIP: ____

Supervisor's Name: ______________________________________ Phone No: _____________________

Position(s) Held: ____

Reason for leaving: ____

References: Name, Address, Email, Phone, Years Known, Relationship (Include at least two professional)

1.) _____

_____

2.) _____

_____

3.) _____

_____

4.) _____

_____

Education:

	Name	Location	Graduate?	Degree Received
High School:				
Technical:				
College/Univ:				
College/Univ:				

Other information:

Have you ever been discharged from any position? _____ If Yes, explain: _____

_____

_____

Have you ever been convicted of a felony?_____ If Yes, explain: _____

_____

_____

Referred to Huser SpecialCare by: _____

READ CAREFULLY BEFORE SIGNING:

Falsification, misrepresentation or omission of information requested in this application may subject me to immediate dismissal. It is my understanding that Huser SpecialCare will make a thorough investigation of my work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the agency, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I understand that my employment depends on satisfactory references and background checks, successful completion of competency testing, and any physical examination that may include testing for the use of illegal substances. I also acknowledge and understand that this employment application is not a contract of employment and that, if I am hired, I will be an at-will employee and I may voluntarily leave my employment upon proper notice or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements or promises have been made to or relied upon by me regarding the length of my employment or the reasons for which my employment may be terminated.

If hired, I agree to abide by and conform to the rules, policies, and procedures of Huser SpecialCare. In consideration of Huser SpecialCare employing me, I agree that I will not seek or accept employment (either directly or indirectly in any capacity) for at least six (6) months after the last day of service by Huser SpecialCare from any client of Huser SpecialCare to whom I have been assigned, without the express written approval of Huser SpecialCare's President.

SIGNATURE OF APPLICANT _____Date:_____

HUSER SPECIALCARE CONSIDERS ALL APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR HANDICAP.