

ADVANCED HOME CARE SERVICES LLC

APPLICATION FOR EMPLOYMENT

260 Cochituate Rd., Suite 201 Framingham, MA 01701

T. (508) 872-0038 / F. (508) 872-3288

Applicants for employment are considered without regard to race, color, religion, sex, sexual orientation, marital status, veterans status, national origin, age or handicap. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment.
An employer who violates this law shall be subject to criminal penalties and civil liability.

PERSONAL DATA:

NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PRESENT TELEPHONE NUMBER Home: _____ Cell: _____

S.S.#: _____ - _____ - _____ Email: _____

ARE YOU UNDER 18? YES NO

EMERGENCY CONTACT: _____ PHONE # _____

ARE YOU PRESENTLY AUTHORIZED TO WORK IN U.S. ? YES NO

(Prove of citizenship of immigration status is required upon employment)

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES NO

IF YES, IN WHAT CAPACITY: _____

HOW DID YOU HAPPEN TO APPLY? (NAME OF PERSON, AGENCY, NEWSPAPER, ETC.): _____

ARE YOU AVAILABLE TO WORK: FULL TIME PART TIME PER DIEM

DO YOU HAVE CAR? YES NO

POSITION APPLIED FOR: HM HHA/PCA CNA NURSE OTHER

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EDUCATIONAL DATA:

NAME OF THE SCHOOL: _____

ELEMENTARY HIGH COLLAGE/UNIVERSITY

YEAR COMPLETED: _____

PERSONAL REFERENCES (List three (3), not relatives or former employers)

NAME	HOME ADDRESS	TELEPHONE	YEARS KNOWN

EMPLOYMENT RECORD (list present or most recent first. Volunteer work may be included)

COMPANY NAME				
STREET	CITY	STATE	ZIPCODE	TELEPHONE ()
DATES OF EMPLOYMENT	POSITION	SUPERVISOR'S NAME	REASON FOR LEAVING	

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MEDICAL DATA

Would lifting patients be a problem for you? Yes No

Do you have any commitments that will prevent you from meeting our work attendance requirements? Yes No

If yes, explain: _____

ADDITIONAL SKILLS

List any skills or qualifications other than work experience that should be considered:

Do you speak a foreign language? Yes No

If yes, which language (s): _____

EMPLOYMENT AGREEMENT

Please indicate your agreement with each of the following paragraphs by checking the corresponding box.

[] I understand that if I fail to report to an assignment or client and I neglect to give a proper notification, I may be terminated.

[] Upon willful termination, I agree to give a proper notice.

[] It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time by my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representative of this company.

[] I certify that the information on this application is true, complete, and correct. I authorize ADVANCED HOME CARE SERVICES LLC to investigate my past employment, education (without important omissions of any kind), activities, character, and qualifications and I release from liability all persons, companies, and corporations supplying, such information. I certify that all statements and answers to questions regarding my health are true and was made without reservation. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

[] I understand that a CORI (Criminal Offender Record Information) check will be performed prior to my employment and that the agency may conduct random CORI checks as long as I am employed by the agency.

Date: _____

Signature: _____