



Family Home Health Application for Employment

Family Home Health is an Equal Opportunity Employer committed to excellence through diversity and does not discriminate in hiring based on federally-protected classifications and additional protected classifications under Colorado and local law.

Position Applying For:		Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:			City, State & Zip:	
Home Phone:	Cell Phone:	Email:		
Are you eligible to work in the United States?		Yes	No	
Have you ever been employed by Family Home Health?		Yes	No	If YES, dates of employment & reason for leaving:
Are you related to any current Family Home Health employee?		Yes	No	If YES, their name & their relationship to you:
If required for position, do you have a valid driver's license?		Yes	No	If YES, State of issuance, license #, and expiration date:

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	Degree received	Major
High School:		Yes No			
GED:		Yes No			
Other School:		Yes No			
College:		Yes No			
Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying.					

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please detail your work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Family Home Health reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	Full-time Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To:	Full-time Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Attach additional sheets to document previous work experience.

References, if different than above: **At least two references must be listed**

Name	Relationship	Phone Number and/or Email	Years Known

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Family Home Health to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Family Home Health are at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with Family Home Health regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits, including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

Applicant Signature: _____ Date: _____

****If you need help with filling out this application form or during any phase of the application or interview process, please notify Human Resources and every reasonable effort will be made to accommodate your needs in a timely manner.****