



Personal Data

Name (First, Middle, Last) Maiden Name Social Security No. DOB

Address (Street No., City, State, Postal Code, Country)

Position Applying For Other Positions You May Be Interested In Salary Requirements per hour

Hours Desired

- 40/Wk
- < 40/Wk
- On Call
- Any

Shifts Available

- Days
- Evenings
- Nights
- Any
- Live-in

Days Available

- Sun Th
- Mon Fr
- Tue Sat
- Wed

CONTACT INFORMATION: TEL: EMAIL:

Preferred locations of interest to work, Make a list. (City, State). How much travel are you willing to do?

Three empty lines for listing preferred locations and travel willingness.

Professional Licensure

Type	Number	Type	Type
Expiration	Current States	Expiration	Current States

Applicant Declaration

Are you 16 or older?

- Yes No

Are you eligible to work in the United States legally?

- Yes No

Have you ever been convicted, pled guilty or no contest to a crime? This includes misdemeanors (except parking violations), gross misdemeanors and felonies. A conviction, guilty plea or no contest will not necessarily disqualify you for employment consideration.

- Yes No If yes, gives dates and explanation (where, when, etc):

Have you ever been excluded from the Medicare or Medicaid program for conduct that would constitute a misdemeanor, gross misdemeanor or a felony under the law? Yes No.

If yes, please explain:

Have you ever been disciplined by professional or state ethics or licensing board? Yes No

If yes, please explain:

How did you find out about our company, positions?

Did anybody refer you to our company? Yes No. If yes, who?



Educational Information

High School			Diploma Program, Commercial or Technical		
Address			Address		
City	State	Postal Code	City	State	Postal Code
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree
College or University			Graduate School		
Address			Address		
City			City		
Country			Country		
Major			Major		
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree

Employment Information

1. Employer (Most Recent)				2. Employer			
Address				Address			
City/State/Postal Code				City/State/Postal Code			
Supervisor Name/Phone No.				Supervisor Name/Phone No.			
Start Date		End Date		Start Date		End Date	
Position		Average Hours Per Week		Position		Average Hours Per Week	
Starting Salary		Ending Salary		Starting Salary		Ending Salary	
Reason For Leaving				Reason For Leaving			
3. Employer				4. Employer			
Address				Address			
City/State/Postal Code				City/State/Postal Code			
Supervisor Name/Phone No				Supervisor Name/Phone No			
Start Date		End Date		Start Date		End Date	
Position		Average Hours Per Week		Position		Average Hours Per Week	
Starting Salary		Ending Salary		Starting Salary		Ending Salary	
Reason For Leaving				Reason For Leaving			



Work Related References (No family members, relatives, or personal friends)

Most Recent Supervisor Name	Reference One
Company	Company
Telephone Number	Telephone Number
Position You Held	How Do You Know This Person?
May We Contact This Person For A Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference Two	Reference Three
Company	Company
Telephone Number	Telephone Number
How Do You Know This Person?	How Do You Know This Person?

Applicant Release, Please read and sign below

I authorize the investigation of my background including all information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered. I understand and agree that any offer of employment is contingent upon satisfactory completion of **Healing by Nature, Senior Care, LLC** pre-employment investigation which includes but is not limited to health assessment, criminal history check, education and work verification, drug test, reference checks, consumer report and an investigation required by local, state or federal laws. I understand that if I am hired by **Healing by Nature, Senior Care, LLC**, my employment will be for an indefinite period of time and will be "at will" which means that either **Healing by Nature, Senior Care LLC** or I may terminate the employment relationship at anytime and for any reason or no reason.

I further understand that, if hired, my at-will employment status may only be changed in written contract signed by the management of **Healing by Nature, Senior Care, LLC**, and that no representative of **Healing by Nature, Senior Care, LLC** has the authority to make oral promise to me concerning my employment. Finally, I also understand that **Healing by Nature, Senior Care, LLC**, may adopt, from time to time, policies or handbooks dealing with benefits and other terms and conditions of employment. These policies or handbooks do not constitute a contract of employment between **Healing by Nature, Senior Care, LLC**, and me. **Healing by Nature, Senior Care, LLC** reserves the right to change or discontinue these policies and/or hand books at any time with or without notice to me.

Healing by Nature, Senior Care, LLC strives to provide a safe, healthy and productive work environment and supports a smoke-free, alcohol-free work environment.

Signature of Applicant

Date