

VIC HOME HEALTH CARE SERVICES, INC.

EMPLOYMENT APPLICATION

Please Print clearly. This application must be completed and all questions regarding your training and work experience answered. All information on this application is confidential, VIC HOME HEALTH CARE SERVICES, INC. will not contact your present employer without your consent.

Name: (Last)	(First)	(Middle Initial)
Other Name:(if applicable)		Social Security #:
Address:		Length of time at this address
Address:		Length of time at this address
Home Phone: ()		Other: ()
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Immigrant ID/Card:

Position Applied for: <input type="checkbox"/> Admin. <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> HHA <input type="checkbox"/> PCA <input type="checkbox"/> PT/OT/RT <input type="checkbox"/> MSW <input type="checkbox"/> Clerical <input type="checkbox"/> Other					
Minimum Salary Requirement:			Date Available:		
EDUCATION/SCHOOLS ATTENDED	NAME OF SCHOOL AND ADDRESS	DID YOU GRADUATE	COURSE OR MAJOR	DIPLOMA OR DEGREE	YEAR COMPLETED
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
BUSINESS SCHOOL					
TRAINING PROGRAM					

WORK HISTORY						
Name, Address and Phone # of Current/ former Employers	From: Mo/Yr	To: Mo/Yr	Job Title	Supervisor's Name	Salary	Reason for leaving

ADDITIONAL REFERENCES:		
NAME	ADDRESS	RELATIONSHIP

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Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by Whom:			
Have you ever been refused a bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by Whom:			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
Professional Licenses:			
Profession:	Lic.No:	Exp. Date:	Verification:
Professional Licenses:			
Profession:	Lic.No:	Exp. Date:	Verification:
Para-Professional Certification: <input type="checkbox"/> HHA <input type="checkbox"/> PCA			
School/Training Program:		Verification:	
Para-Professional Certification: <input type="checkbox"/> HHA <input type="checkbox"/> PCA			
School/Training Program:		Verification:	
The information listed in my application is complete and true. I understand that if employed, false statements on this application are cause for dismissal. I will comply with all of the agency's rules and regulations regarding my employment. VIC HOME HEALTH CARE SERVICES, INC. may request information regarding my background which will include work and personal references.			
Signature:			Date: