



acclaim

Home Health Care Inc.

120 STAFFORD STREET, SUITE 206

WORCESTER, MA 01603

PHONE: 508 459 6937 FAX: 508 459 4154

EMPLOYMENT APPLICATION

Date of Application _____

First Name: _____ Last Name _____

Phones (Home) _____ (Cell) _____

Home Address _____ Street/City/Zip: _____

Social Security Number: _____ (attach a copy)

Position Applied For: _____

Referral Source: _____

Are you under 18? Yes No

If Yes can you furnish a Work Permit? _____

Are you employed now? _____

May we contact your current employer? _____

Are you a United States Citizen? Yes No

If No do you have a valid Work Permit? _____ Expiry Date _____

On what date can you start work _____

Do you have a Massachusetts driving license # _____

(attach a copy)

Are you Multilingual? If so Languages proficient in _____

Are you a Veteran of the U.S. Military Yes No

If Yes what Branch _____

Describe Special Skills acquired while in the Service _____

PROFESSIONAL REFERENCES. Please, list previous supervisors, co-workers, instructors (Do not list family members, neighbors, etc)

Name _____ Business Address _____

Phone Number _____ Best time to reach _____

Name _____ Business Address _____

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Employment Experience

Start with Current Employer or last employer. Include any Military Service and Volunteer work

1. Employer _____ (Phone) _____

Address: _____

Job Title _____ Supervisor _____

Dates Employed : From _____ To _____ Hourly Salary _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____ (Phone) _____

Address: _____

Job Title _____ Supervisor _____

Dates Employed : From _____ To _____ Hourly Salary _____

Duties Performed _____

Reason for Leaving _____

3. Employer _____ (Phone) _____

Address: _____

Job Title _____ Supervisor _____

Dates Employed : From _____ To _____ Hourly Salary _____

Duties Performed _____

Any Special Certification/ Skills _____

Educational Background

High School: _____ Date of Graduation: _____

Vocational Training / other: _____ Date of Graduation _____

College: _____ Date of Graduation: _____

College: _____ Date of Graduation: _____

Graduate School: _____ Date of Graduation: _____

Honors / awards: _____

Membership in professional or civic organization: (Please exclude any which may disclose your race, color, religion or national origin). _____

Attach more information, work experience or Resume to this application.



It is my understanding that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by Acclaim Home Health Care Inc.

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 either my employer or myself. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of Acclaim Home Health Care Inc.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize Acclaim Home Health Care Inc. to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information.

I certify that I do not have any history of complaints filed with the Nurses Registry or Board of Registration in Massachusetts or any other state. I understand that false answers, statements or significant omissions made by me on this application shall be sufficient cause for denial of employment or discharge.

Signature of Applicant

Date

Attach more information, work experience or Resume to this application.