

Welcome Home Healthcare Services, LLC.  
 120 E. Lake St., Suite 319, Sandpoint, ID 83864  
 Phone: (208) 264-7007; FAX (208)-263-7009  
 Office@WelcomeHomeHealthcare.com

### APPLICATION FOR EMPLOYMENT

PERSONAL DATA					
Date Application Completed		OFFICE USE ONLY Date of Interview		OFFICE USE ONLY Date of Hire	
Last		First		Middle	E-mail
Social Security Number		Cell Phone Number ( )		Home Phone ( )	Other Phone ( )
Address (if less than one year, provide your previous address)		City	State	Zip Code	Length at Residence
Previous Address		City	State	Zip Code	Length at Residence
JOB INTERESTS					
Position Applying For:		How were you referred to us?	Date Available for Work:		Anticipated Wage:
Please check the specialty area(s) that best match your experience/education:					
<input type="checkbox"/> Homecare	<input type="checkbox"/> Medical/Surgical	<input type="checkbox"/> IV Therapy	<input type="checkbox"/> Intermittent Care	<input type="checkbox"/> Private Duty	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Supplemental Staffing	<input type="checkbox"/> Residential Care	
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Home Making	
Please indicate your availability or interests below:					
Work Status: <input type="checkbox"/> Full Time (32 hrs average per week) <input type="checkbox"/> Part Time (less than 32 hrs/week)		Shifts Available: <input type="checkbox"/> 7am-3pm <input type="checkbox"/> 11pm-7am <input type="checkbox"/> 3pm-11pm <input type="checkbox"/> Visits Only		Days Available: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
EDUCATION					
Mark highest level of education completed:		<input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters			
Name of College or Undergraduate Education:		Degree:		Date Received:	
Name of College or Undergraduate Education:		Degree:		Date Received:	
LICENSE/CERTIFICATION/EXAMINATION					
Type of License:	State of Issue:	Expiration Date:	License Number:	Any restrictions or pending actions against license: Y or N (circle)	
CPR Expiration:		Last Physical Examination:		Last TB/Chest X-Ray:	
GENERAL INFORMATION					
Are you legally authorized to work in the U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you become an employee of this agency, you will be required to provide documentation of your eligibility to work in the U.S.	
Have you ever been convicted of a felony or misdemeanor crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.	
If yes, state the basis for each conviction along with the date:					
Have you ever been employed by this agency in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give location and dates:	
In case of emergency, contact:		Phone: ( )		Relationship:	

**PERSONAL REFERENCES**

Please furnish three references with complete address. Do not list former employers or relatives.  
The individuals you list should have known you for at least one year.

Name	Address	Phone Number	Business	Years Known
1.		( )		
2.		( )		
3.		( )		

**WORK HISTORY**

Company Name:		Employment Dates:		
		From:	To:	
Company Address:	City:	State:	Wage: \$ /hr or \$ /yr	
Describe your job responsibilities and duties:				
Supervisor's Name:		Phone Number:	May we Contact?	
		( )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving:				

Company Name:		Employment Dates:		
		From:	To:	
Company Address:	City:	State:	Wage: \$ /hr or \$ /yr	
Describe your job responsibilities and duties:				
Supervisor's Name:		Phone Number:	May we Contact?	
		( )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving:				

Company Name:		Employment Dates:		
		From:	To:	
Company Address:	City:	State:	Wage: \$ /hr or \$ /yr	
Describe your job responsibilities and duties:				
Supervisor's Name:		Phone Number:	May we Contact?	
		( )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving:				

Company Name:		Employment Dates:	
		From:	To:
Company Address:	City:	State:	Wage:
			\$ /hr or \$ /yr
Describe your job responsibilities and duties:			
Supervisor's Name:	Phone Number:	May we Contact?	
	( )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving:			
[Type long disclaimer text here:]			
The information I have given is true and accurate to the best of my knowledge.			
Signature of Applicant:		Date:	