



Helping Hands Home Healthcare and Staffing Agency, LLC
111 W. Washington St. Suite 310 –East Peoria, IL 61611
PH: 309-699-4715 • Fax: 309-699-4717 • www.helpinghandshealthcare.org
“A Caring Hand from Caring Professionals”

SUBMIT FORM

Employment Application

Helping Hands Home Healthcare is an equal opportunity employer

Personal Information

First Name	MI	Last Name	Maiden Name
Street Address		Phone #	
City		State	Zip
Position(s) Applying For	Salary Requirement	Credentials	
Hours Desired	Shifts Available	Days Available	
Preferred Locations/Sites of Interest (nursing homes, private homes, etc)			
Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education Information

High School	Year Graduated
Address, City, State, Zip	
Diploma Program, Commercial or Technical School	
Address, City, State, Zip	
Year Graduated	Degree
College or University	
Address, City, State, Zip	
Year Graduated	Degree
Graduate School	
Address, City, State, Zip	
Year Graduated	Degree



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Employment Information

Employer (Most Recent)

Address, City, State, Zip

Supervisor Name/Title

Phone#

May we contact this employer?

Yes No

Start Date

End Date

Reason for Leaving:

Employer

Address, City, State, Zip

Supervisor Name/Title

Phone#

May we contact this employer?

Yes No

Start Date

End Date

Reason for Leaving:

Employer

Address, City, State, Zip

Supervisor Name/Title

Phone#

May we contact this employer?

Yes No

Start Date

End Date

Reason for Leaving:

How did you find out about our company?

TV Radio Webpage Indeed.com Employee Employee Reference:

Applicant Release and Verification Statement



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I state that the information provided on this application is true and correct to the best of my knowledge. I authorize the investigation of my background including all information contained in this application and information provided in the interview. I give my references permission to release any information and/or verify information pertaining to my employment. 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 immediate dismissal upon discovery. I understand and agree that any offer of employment is contingent upon satisfactory completion of Helping Hands Home Healthcare pre-employment investigation which includes but is not limited to a health assessment, criminal background check, educational and work verification, reference checks, consumer reports and any investigation required by local, state or federal laws. I understand that if I am hired by Helping Hands Home Healthcare, my employment will be for an indefinite period of time and will be considered “at will” which means that either Helping Hands Home Healthcare or I may terminate the employment relationship at any time and for any reason or no reason.

Signature of Applicant _____ Date _____

The Following is To Be Completed by Previous Employer:

Previous Employer(s): Please complete the information below and fax back to 309-699-4715.

Applicant Reference Check

Applicant Name:		Position Apply For:	
Previous Employer:			
Dates of Employment:		Position Held:	
Reason for Leaving:			
Attendance:	Poor	Average	Excellent
Attitude:	Poor	Average	Excellent
Coworker Relations:	Poor	Average	Excellent
Work Performance:	Poor	Average	Excellent
Person Completing Form:		Position:	
Signature:		Date:	