



An Equal Opportunity Employer.

EMPLOYMENT APPLICATION

Date: _____

(Please Print)

Name: _____, _____, _____
Last First Middle

Home Telephone: () _____ Business/Other: () _____

Cell No.: () _____ Email Address: _____

Emergency Contact: (Name) _____ Ph: _____

Your Social Security No. : _____ - _____ - _____

Present Address: _____
Street City State Zip Code

Position Applying For: _____

Full Time: ____ Regular Part Time: ____ On Call/Per Visit: ____ Other: ____

What days and hours are you available for work? _____
Days Hours

Would you be available to work overtime if necessary? ____

If hired, on what date can you start work? _____ Wage desired: \$ _____ per ____

PERSONAL INFORMATION:

Have you ever applied work for Apple Healthcare Inc., Inc. before? Yes ____ No ____

If yes, give date(s) _____

How did you hear about us? _____

Have you ever been excluded from participating in the Medicare/Medicaid Program? Yes ____ No ____

Why are you applying for work at Apple Healthcare Inc., Inc.? _____

Are you at least 18 years of age? Yes ____ No ____

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to work in this country? Yes ____ No ____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor). (Convictions for marijuana-related offenses that are more than two years old need not be listed) Yes ____ No ____

If yes, state nature of crime(s), when and where convicted and disposition of the case: _____

NOTE: No applicant will be denied employment solely on the grounds of conviction of criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

Are you currently employed? Yes ____ No ____

May we contact your current/Former Employer? Yes ____ No ____

EDUCATION TRAINING & EXPERIENCE:

School	Name & Address	No. Of Years Completed	Did You Graduate?	Degree or Diploma
High School				Yes ____ No ____
College/ University				Yes ____ No ____
Vocational Business				Yes ____ No ____
Health Care				Yes ____ No ____

Some of our clients do not speak English. Do you speak another language, other than English?

LANGUAGE(S):

1) _____ Speak ____ Write ____

2) _____ Speak ____ Write ____

3) _____ Speak ____ Write ____

Do you have any other experience, training qualifications or skills, which you feel make you especially suited for work at Apple Healthcare Inc.? If so, please explain: _____

Please answer the following questions if you are applying for a professional position:

Are you Licensed/Certified for the job you are applying for? Yes ____ No ____

Name of license/certification: _____ Issuing date: _____

License/Certification Number: _____

Has your License/Certification ever been revoked or suspended? Yes ____ No ____

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

EMPLOYMENT HISTORY – in addition to **RESUME**

Please list below all present and past employments starting with your most recent employer (for at least the last five years). Account for all periods of unemployment:

Name of Employer	From: _____ To: _____	
Address	Your Supervisor's Name:	
City, State, Zip Code	Starting Wage:	Ending Wage:
Telephone ()	Position Held:	Able for Rehire:
Reason for Leaving:	Work Performed:	

Name of Employer	From: _____ To: _____	
Address	Your Supervisor's Name:	
City, State, Zip Code	Starting Wage:	Ending Wage:
Telephone ()	Position Held:	Able for Rehire:
Reason for Leaving:	Work Performed:	

Name of Employer	From: _____ To: _____	
Address	Your Supervisor's Name:	
City, State, Zip Code	Starting Wage:	Ending Wage:
Telephone ()	Position Held:	Able for Rehire:
Reason for Leaving:	Work Performed:	

Name of Employer	From: _____ To: _____	
Address	Your Supervisor's Name:	
City, State, Zip Code	Starting Wage:	Ending Wage:
Telephone ()	Position Held:	Able for Rehire:
Reason for Leaving:	Work Performed:	

