

JOB/EMPLOYMENT APPLICATION
Personal Information

Name	First _____ 2 nd Initial _____ Last: _____
Address	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
Phone	Home: _____ Cell: _____ Other: _____
Electronic	Email Address: _____
Date of Birth	Day: _____ Month: _____ Year: _____
SSN	Social Security Number: _____
Gender	Male: _____ Female: _____
Language	What languages do you speak? _____ _____
Emergency Contact	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
Education	
Formal	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____
Informal	Do you have current First Aid Certification (State Level): _____ Expiry Date: _____ Do you have current CPR? _____ Expiry Date: _____ Have you taken a Food Safety course? _____ Other: _____ (Specify) Other: _____ (Specify)
Restrictions	
	List any work limitations that you may have and briefly describe: Hearing: ___ Yes ___ No _____

Work Limitations	Speech: ___ Yes ___ No _____ Lifting: ___ Yes ___ No _____ Health: ___ Yes ___ No _____ Physical: ___ Yes ___ No _____ Emotional: ___ Yes ___ No _____ Other: ___ Yes ___ No _____
Availability for Work	
Hours & Days Available for Work	<p style="text-align: center;"> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Short-notice <input type="checkbox"/> Split Shift </p> <p>Indicate Days and List Hours Available for Work:</p> <p> <input type="checkbox"/> Sunday: From: _____ To: _____ <input type="checkbox"/> Monday: From: _____ To: _____ <input type="checkbox"/> Tuesday: From: _____ To: _____ <input type="checkbox"/> Wednesday: From: _____ To: _____ <input type="checkbox"/> Thursday: From: _____ To: _____ <input type="checkbox"/> Friday: From: _____ To: _____ <input type="checkbox"/> Saturday: From: _____ To: _____ </p> <p>What is the minimum number of hours you will work in one day? _____</p> <p>What is the maximum number of hours you will work in one day? _____</p>
Assignment Location	Are you restricted in the geographical location you are willing/able to work? ___Yes ___No Explain: _____
Transportation	
Type	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>
Driver's License	Do you have a valid Driver's License? _____
Transporting Clients	Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____
Abuse Investigation	
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: ___Yes ___No _____ _____
Reference Information	
Work Related #1 (Last Position)	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____ Position Held: _____ Duties/Responsibilities: _____

	<p>_____</p> <p>_____</p> <p>Length of Employment: _____</p> <p>Reason for Leaving: _____</p>
Work Related #2 (2nd Last Position)	<p>Company Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____:</p> <p>Supervisor's Name _____</p> <p>Position Held: _____</p> <p>Duties/Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>Length of Employment: _____</p> <p>Reason for Leaving: _____</p>
Work Related #3 (3rd Last Position)	<p>Company Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____:</p> <p>Supervisor's Name _____</p> <p>Position Held: _____</p> <p>Duties/Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>Length of Employment: _____</p> <p>Reason for Leaving: _____</p>
Professional Reference # 1	<p>Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____</p>
Professional Reference # 1	<p>Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____:</p>
Professional Reference # 1	<p>Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____:</p>

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required.

Additionally, I authorize former employers, references and any other individual or organizations to provide information to Alliance Health Services LLC and I hereby release and discharge any of the above and Alliance Health Services LLC from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test, if part of the Agency's pre-employment policy.

I understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

Applicant's Signature

Date