



APPLICATION FOR EMPLOYMENT

We are an equal opportunity / affirmative action employer dedicated to a policy of non-discrimination in employment on the basis of race, color, age, sex, religion, national origin, disability, veteran status, citizenship or ancestry.

(PLEASE PRINT)

Position(s) Applying For	Date of Application
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How did you learn about us?

Advertisement
 Employment
 Agency
 Friend
 Relative
 Walk-in
 Other _____

Last Name	First Name	Middle Name
Home Address	Number	Street
		City
		State
		Zip
Telephone Number(s)	Social Security Number	

If you are under the age of 18, can you provide required proof of your eligibility to work? YES NO If yes, give date: _____

Have you been employed with us before? YES NO If yes, give date(s): _____

Are you currently employed? YES NO May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration status? YES NO
 (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: FULL-TIME PART-TIME TEMPORARY SHIFT WORK

Are you currently on "lay-off" status and subject to recall? YES NO Can you travel if a job required it? YES NO

Have you ever pleaded guilty or no contest to or been convicted of a misdemeanor or felony in any state? YES NO

If you answered yes, please explain in detail: (Note: A "yes" response will not necessarily prevent employment. Each case and the circumstances will be considered.) _____

Are you currently registered with the Family Care Safety Registry? YES NO

Do you have a disqualifying event that would be included in the Family Care Safety Registry? YES NO

Are you presently employed with another In-Home Service Provider or Home Health Agency? YES NO If yes, who? _____

Do you have relative(s) currently employed by us? YES NO If yes, who? _____

Are you related either by marriage or blood to any client or patient receiving our services? YES NO If yes, who? _____

Have you ever been a resident of or employed in another state? YES NO If yes, where and what dates? _____

This job requires consistent, regular and punctual attendance, can you meet this requirement? YES NO

EMPLOYMENT EXPERIENCE

Start with your present or most recent employment. You **MUST** list at least **5 years** employment history.

1) Employer Name	Dates Employed		Describe Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary Amount		
	Starting	Final	
Job Title			
Reason for Leaving			
2) Employer Name	Dates Employed		Describe Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary Amount		
	Starting	Final	
Job Title			
Reason for Leaving			
3) Employer Name	Dates Employed		Describe Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary Amount		
	Starting	Final	
Job Title			
Reason for Leaving			
4) Employer Name	Dates Employed		Describe Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary Amount		
	Starting	Final	
Job Title			
Reason for leaving			
5) Employer Name	Dates Employed		Describe Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary Amount		
	Starting	Final	
Job Title			
Reason for Leaving			

Please explain, in detail, any gaps in your employment history: _____

EDUCATION	Elementary School	High School	Undergraduate College / University/Technical	Graduate / Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma / Degree				
Describe course of study				

List below description(s) and date(s) any non-paid or volunteer work experience (exclude organizations, the name or character or which would indicate the race, sex, religion, national origin or disability of its members): _____

Have you ever had any job-related training in the United States military? YES NO If yes, please describe: _____

DRIVERS INFORMATION

Are you currently in possession of Automobile Insurance that meets the statutory insurance requirement for the State of Missouri?

YES NO Is this insurance presently enforced? YES NO

Driver's License Number _____ Issuing State _____ Expiration Date _____ Class _____

REFERENCES

Give name, address and telephone number of three references who are **NOT RELATED TO YOU** and are **NOT PREVIOUS EMPLOYERS**

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

EMPLOYMENT CONDITIONS

I understand that I will not be considered an employee of Pyramid Home Health Services until the following conditions are met:

- References are successfully contacted with positive results.
- All orientation and on-the-job training are successfully completed.
- All applicable background checks are completed showing no negative history.
- Any falsification or material omission of an application for employment will be considered grounds for immediate dismissal.
- I understand that if I am hired, at any time during my employment, I become related to any client or patient of ours either by marriage or blood, I am required to inform my Supervisor immediately.
- I further understand that after the above items have been successfully completed, I will be considered an "employee at will" and my employment may be terminated at any time for any reason.

Applicant Signature

Date

Printed Name

Supervisor