

Majestic Home Healthcare
"Your Home For Quality Care"

Employment Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you registered with the Family Care Safety Registry? YES ☐ NO ☐ Will visa or immigration status prevent lawful employment? YES ☐ NO ☐

Have you applied for a Good Cause Waiver? YES ☐ NO ☐ If yes, when? _____

Do you have any criminal convictions, findings of guilt, plea of guilty, and plea of nolo contendere except minor traffic offenses? YES ☐ NO ☐ If yes, in the space provided, please indicate; nature of the offense, date, court and disposition. (A conviction will not necessarily disqualify you from employment consideration).

Person to Contact in an Emergency: Name _____ Phone Number _____

Address _____ Relationship _____

Check All You Would Consider: FULL TIME _____ PART TIME _____ CONTRACT _____ TEMPORARY _____ SUMMER _____

Shift Preferences: DAYS _____ EVENINGS _____ NIGHTS _____ WEEKENDS _____

List Areas and/or Distances You Are Willing to Travel _____

Anything that will interfere with your ability to complete assigned duties? If so, please use the space below to explain.

Education

High School or GED: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities
:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities
:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES
☐

NO
☐

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____ Starting Salary:\$ _____

Ending Salary:\$ _____

Responsibilities

: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES
☐

NO
☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable,
explain: _____

Disclaimer and Signature

I certify that all information provided by me on this employment application and attached resume (if applicable) is true and correct to my knowledge. I understand that if I am employed, discovery that I have false or misleading information during the application process may result in immediate dismissal.

Signature: _____ Date: _____