

**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 you 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: \_\_\_\_\_