





# EMPLOYMENT APPLICATION

**EDUCATION**

| Name & Location of Schools<br>Colleges/Institutes or Other Education | Major/Degree | Grade Completed/Degree |
|--|--------------|------------------------|
|  |              |                        |
|  |              |                        |

**LICENSE**

TYPE (Nursing, PT, OT, ETC) \_\_\_\_\_ STATE WHERE LICENSED \_\_\_\_\_ EXPIRATION \_\_\_\_\_

**GENERAL INFORMATION**

Do you have transportation?  NO  YES May the employers listed in your work history be contacted?  NO  YES

If not, please explain: \_\_\_\_\_

Do you have a physical condition which would substantially interfere with your ability to perform duties of the job for which you have applied?  NO  YES

If so, describe and explain what can be done to accommodate your limitation:

Do you speak, read or write any languages (other than English)?  NO  YES \_\_\_\_\_

How did you hear about the position?

Referred by: \_\_\_\_\_  Indeed  Craigslist  Other: \_\_\_\_\_

**CHARACTER REFERENCES** (Persons who know you well. Do not include relatives or employees)

Name and telephone numbers:

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**IN THE EVENT OF AN EMERGENCY NOTIFY:**

| NAME | TELEPHONE: Home | Work |
|------|-----------------|------|
|      |                 |      |

I understand that any employment with Harmony Home Health will be on a trial basis. Completion of this trial period in no way establishes that permanent or other long term or indefinite employment status is achieved or granted. I agree to physical examinations at any time at the option of the facility, and agree that the examining physicians may disclose to the facility or its representatives the results of such an examination.

All of the foregoing information I have supplied in this application is a full and complete statement of facts and it is understood that if any falsification is discovered at any time, it will constitute grounds for dismissal upon discovery thereof. I authorize this company to verify references I have listed.

In consideration of my employment, I agree to conform to the rules and regulations of the Company, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or representative of the Company, other than the Chief Executive Officer or other representative designated in writing, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. All such agreements must be in writing and signed by the president or the designated representative.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no promise or guarantee is binding upon the Company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains a similar right.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE