



## **APPLICATION FOR EMPLOYMENT**

I am applying for the following company:

- Alpine Home Care
- Alpine Hospice
  
- Logan Office
- Brigham City Office
- Ogden Office
- Salt Lake City Office
- Orem Office
- Heber City Office
- Payson Office

Applicant name: \_\_\_\_\_

Position Desired: \_\_\_\_\_

# EMPLOYMENT APPLICATION

5/16/07

## PERSONAL DATA

Name \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_ Phone 1 ( ) \_\_\_\_\_  
Street Number and Name

\_\_\_\_\_ Phone 2 ( ) \_\_\_\_\_  
City State Zip

Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis?  Yes  No

## EMPLOYMENT DESIRED

Position Desired (1) \_\_\_\_\_ (2) \_\_\_\_\_

Date Available \_\_\_\_\_

Commitment Desired:  Full Time  Part Time  PRN  Temporary

Have you ever been employed by Alpine Transitional Rehabilitation Center, Alpine Home Care & Hospice, Aspen Care Center, or Creekside Home Health & Hospice?  Yes  No. If yes, when? \_\_\_\_\_

Source of referral?  Ad  Employee  College  Agency  Walk-in  Other \_\_\_\_\_

## EMPLOYMENT HISTORY

List most recent position first. Include periods of unemployment and military service.

**Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Starting Position:** \_\_\_\_\_ **Ending Position:** \_\_\_\_\_

**Summary of Duties:** \_\_\_\_\_

**Starting Salary:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Starting Position:** \_\_\_\_\_ **Ending Position:** \_\_\_\_\_

**Summary of Duties:** \_\_\_\_\_

**Starting Salary:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_

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Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your former employers?  Yes  No. May we contact your current employer?  Yes  No.

Have you ever been released from a job due to disciplinary action or been fired?  Yes  No. If yes, please explain: .

\_\_\_\_\_

## PROFESSIONAL REFERENCES

List three people in your field who you know and who can provide information regarding your abilities.

Name	Title/Company	Telephone Number

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## EDUCATION

	Name	City/State	Years	Graduated		Degree/ Diploma
High School				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Post Graduate				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Business/Trade				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

License/Registration/Certification Number	Type	State	Expiration Date

Do you speak, read, or write any language other than English?  Yes  No.

Speak  Read  Write Language(s) \_\_\_\_\_

Please list any reason known to you why you might be unable to consistently and promptly perform any of the duties associated with the position for which you have applied. \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No. If yes, please explain. \_\_\_\_\_

I hereby certify that the answers given by me on this application form are true and correct. If employed by the facility, I will comply with all of its rules and regulations. I agree to submit to a physical examination and random drug testing, if required. I also authorize my former employers to give any information they have regarding me, whether verbal or written. I hereby release them and the facility from all liability for any damage whatsoever for issuing the same. I understand that if any fraudulent information is given on this application, it may be grounds for immediate termination from my position. The facility is an "at will" employer, which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this agency.

I understand that job positions are placed equally without discrimination because of race, creed, color, religion, sex, national origin, sexual preference, disability, or age.

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_