

Comfort Care Home Health, Inc.

425 W. Wilshire Blvd., Ste. A
Oklahoma City, OK 73116
Phone: (405) 767-6221
Toll Free Fax: 1-855-213-1774

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL: DATE _____

Social Security No. _____ - _____ - _____ D.O.B. _____
MM/DD/YYYY

Name _____
Last First Middle

Current Address _____
Street City State Zip

Home Telephone () - Cell () - Email Address _____

If under 18, please list age _____ Can you submit verification of your legal right to work in the U.S.? _____

Position: _____ Availability:
Private Duty Sitting: _____ No Pref _____ Thur _____
Desired salary: _____ Mon _____ Fri _____
Date you can start: _____ Tue _____ Sat _____
Wed _____ Sun _____
Live In _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: FULL-TIME ONLY _____ PART-TIME ONLY _____ NO PREFERENCE _____

Do you have a valid driver's license? No _____ Yes _____

Do you have reliable transportation to work assignments? _____ Can you provide proof of automobile insurance? _____

Driver's License Number _____ State of issue _____ Operator _____ Commercial(CDL) _____ Chauffeur _____

Expiration date _____

Have you had any accidents during the past three years? _____ If so, how many? _____

Have you had any moving violations in the past three years? _____ If so, how many? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No _____ Yes _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

MILITARY

Have you ever been in the armed forces?

Are you now a member of the National Guard?

Specialty _____ Date Entered ▼ ▼ ▼ ▼ _____ Discharge
Date _____

WORK HISTORY:

Please list your work experience for the past five years beginning with your most recent job held. If you were self employed, give the firm name. **Attach additional sheets if necessary**

Name of employer _____
Address _____
City, State, Zip Code _____
Phone number _____

Name of supervisor _____
Employment dates: From _____ To _____
Pay or Salary: Start _____ Final _____
Last job title: _____

Reason for leaving (be specific) _____
List the jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact? _____

Name of employer _____
Address _____
City, State, Zip Code _____
Phone number _____

Name of supervisor _____
Employment dates: From _____ To _____
Pay or Salary: Start _____ Final _____
Last job title: _____

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Reason for leaving (be specific) _____
List the jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact? _____

EDUCATION:

Type of School	Name of School	Location	Years Completed	Degree Earned
High School				
College				
Vocational School				

REFERENCES:

Please list three business references that have knowledge of your work history.

Name _____

Position _____

Company _____

Address _____

Telephone _____

Name _____

Position _____

Company _____

Address _____

Telephone _____

Name _____

Position _____

Company _____

Address _____

Telephone _____

Where did you first hear about *Comfort Care Home Health*?

___ Recommendation/Referral ___ Passing by Comfort Care's Office ___ Career Center ___ Job Fair

___ Job Listings (Please specify: Newspaper, Internet, Other: _____) ___ Telephone Book

___ Social Networking Site (Please specify: Twitter, Facebook, MySpace, Other: _____)

___ Other (Please Specify: _____)

Applicants Authorization (please read carefully)

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal or prosecution. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Comfort Care Home Health from all liabilities for any damage that may result from utilization of such information.

I understand that prior to employment that I must provide a valid driver's license and consent to registry screening and submission of my fingerprints to the Oklahoma State Bureau of Investigation (OSBI) for forwarding to the Federal Bureau of Investigation (FBI) for the purpose of conducting a state and national criminal history records check.

- Driver's License *(applicant must provide a copy)*
- Consent and Release Form – Registry and Criminal History Record Check *(attached to application)*

APPLICANT SIGNATURE

DATE