

Faithful Home Care Solutions LLC

Application for Employment

Faithful Home Care Solutions is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name		DOB	SS#	
Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (5)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	



Professional Reference Request

To be completed by applicant:

Applicant Name: _____ Date of Application: _____

Reference Name: _____ Position: _____

Company's Name: _____

Company's Address: _____ Contact Number: _____

I hereby authorized the following information to be released to Faithful Home Care Solutions, LLC from all previous employers listed. I release you and all persons from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by employer:

Date of employment: From _____ To _____ Position Held: _____

Would you rehire this individual? YES__ NO__

Please rate this applicant relative to his/her peers using the following numbered scale. (As a general notion to assist you in your rating, "Superior" might be viewed as roughly equating with the top 10 of the peer group and "Marginal" with the lowest 10%).

- | | |
|--------------------------|-------------------------------------|
| 1 = Superior | 4 = Below average |
| 2 = Above average | 5 = Marginal |
| 3 = Average | NR = Rated/ Un-Able to Judge |

1. Overall nursing ability _____
2. Written communication skills _____
3. Oral communication skills _____
4. Ability to develop positive helping relationships _____
5. Ability to use creativity in problem solving _____
6. Ability to make mature judgements in practical situations _____

Additional Comments:

Reference Check Completed by: _____



Personal Reference Request

To be completed by applicant:

Applicant Name: _____ Date of application: _____
Reference Name: _____
Relation to applicant (not related): _____
Contact Number: _____

I hereby authorized the following information to be released to Faithful Home Care Solutions, LLC from all previous employers listed. I release you and all persons from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by reference only:

How long have you known the applicant? _____

Would you hire them to care for your loved one? YES ___ NO ___

Please rate this applicant relative to his/her peers using the following numbered scale. (As a general notion to assist you in your rating, "Superior" might be viewed as roughly equating with the top 10 of the peer group and "Marginal" with the lowest 10%).

1 = Superior	4 = Below average
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1. Overall nursing ability _____
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Additional Comments:

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