



106 Ridgeway, Suite H  
Hot Springs, AR 71901

It is the policy of this company to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Please print

## PERSONAL DATA

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last Name First Name Middle Initial

Present Address \_\_\_\_\_  
Street Address City State Zip Code

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email address \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes No Are you willing to travel? Yes No

Are you at least 18 years old? Yes No Are you willing to relocate? Yes No

Do you have a reliable method of transportation to use if you are hired to work in this facility? Yes No

Have you ever been convicted of a felony? Yes No If yes, please give the date, location, and disposition of each charge. \_\_\_\_\_

Are you able to perform the essential, job related functions of the position for which you are applying without accommodations? Yes No  
Describe any accommodations necessary: \_\_\_\_\_

Have you been previously employed by Arkansas Home Health Providers or any affiliated company? Yes No If yes, please indicate facility, job title and date of employment. \_\_\_\_\_

Please list the names of relatives employed by Arkansas Home Health Providers or its affiliated companies. \_\_\_\_\_

Do you speak, read or write in any language other than English? Yes No  
If yes, please describe \_\_\_\_\_

When are you available to work? \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

## POSITION DESIRED

Position(s) applied for \_\_\_\_\_ Salary Requirement \_\_\_\_\_

Please indicate desired type of position and shift:

### Type of position

### Shift

Full Time	Pool	Day	Night
Part Time	PRN	Evening	Rotation
Per Diem	Temporary	Weekend	

**Employment History** Please provide a minimum of the most recent 10 years employment history including any period of unemployment.

<b>Current or Most Recent</b>	<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	<b>Name and Address of Employer</b>		<b>Job Title and Duties</b>
	/	/	Company		
	<b>Starting Salary</b>	<b>Final Salary</b>	Address		
			Phone		
	Name while employed	May we contact them? Yes No	Supervisor	Phone	Reason for leaving
<b>1<sup>st</sup> Previous</b>	<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	<b>Name and Address of Employer</b>		<b>Job Title and Duties</b>
	/	/	Company		
	<b>Starting Salary</b>	<b>Final Salary</b>	Address		
			Phone		
	Name while employed	May we contact them? Yes No	Supervisor	Phone	Reason for leaving
<b>2<sup>nd</sup> Previous</b>	<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	<b>Name and Address of Employer</b>		<b>Job Title and Duties</b>
	/	/	Company		
	<b>Starting Salary</b>	<b>Final Salary</b>	Address		
			Phone		
	Name while employed	May we contact them? Yes No	Supervisor	Phone	Reason for leaving
<b>3<sup>rd</sup> Previous</b>	<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	<b>Name and Address of Employer</b>		<b>Job Title and Duties</b>
	/	/	Company		
	<b>Starting Salary</b>	<b>Final Salary</b>	Address		
			Phone		
	Name while employed	May we contact them? Yes No	Supervisor	Phone	Reason for leaving

### Education and Training

Type of School	Name of School Address	Course or Major	Number of Years Attended	Degree/Diploma/Certificate
High School/GED				
College				
Other				

### Business References (Do not list relatives)

Name	Position	Address	Phone Work/Home	Number of Years Known

## Professionals and technical applicants only

List any professional licenses, registration or certification you possess.

Professional License Number	Type of License	State of Issue	Expiration Date

If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification? Yes No If yes, please give the date, location, and disposition of your case.

Please use the space below for any additional information necessary to describe your full qualifications (i.e. specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs)

I understand that applicants who do not meet the minimum qualifications of the position will not be considered for the position. Only those final candidates will be contacted. I also understand that my employment is contingent upon a negative drug screen, clear background screen, and a minimum of two positive business references.

Please review and sign where indicated.

In making application for employment:

- I certified that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputations, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

- I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.
- I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purse or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.
- Compliance with this facility's Substance Abuse Policy is a condition of employment. This facility requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with facility policy. Continued employment is also contingent with the facility's Alcohol and Drug Abuse Policy.

- I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.

### Release:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I have read and understand these conditions of employment.



Applicant Signature

Date Prepared

Office  
Use Only

Referred to Department \_\_\_\_\_ Not Qualified for Opening

Recommended Employment Hold for Future Opening References Checked

Date \_\_\_\_\_ By \_\_\_\_\_