Comfort Home Health Care, Inc.

APPLICATION

Personal Information

Name (Last, First, Middle): _____ Date: _____
(PLEASE PRINT ONLY)

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____Business Phone: _____

Date of Birth: _____

Emergency Contact Name: _____Phone: _____

List handicaps or ailments that would prevent you from performing on-the job-duties:

_____

_____

_____

List days absent on the past 2 years due to illness:_____

Have you ever had an industrial accident or occupational disease? _____

Have you ever abused drugs and/or alcohol? _____

Would you agree to be bonded? _____ Do you have liability insurance? _____

Positions you are applying for: _____

Title: _____ Salary Requirement: _____

Referred by: _____ Date you can start: _____

Education Record

High School (Name, City, State): _____

Graduation Date: _____

Business or Technical School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Undergraduate College (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Graduate School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Work History
(Give information about your last three jobs, starting with the most recent)

1. Employer: _____ Dates Employed: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____Ending Salary: _____
Title/Duties: _____
Manager's Name and Title: _____
Reason for Leaving: _____

2. Employer: _____ Dates Employed: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Ending Salary: _____
Title/Duties: _____
Manager's Name and Title: _____
Reason for Leaving: _____

3. Employer: _____ Dates Employed: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Ending Salary: _____
Title/Duties: _____
Manager's Name and Title: _____
Reason for Leaving: _____

Business References
(If applying for your first job, you may use academic references)

1. Name: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship to you: _____

2. Name: _____
Work Phone: _____ Home Phone:_____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship to you: _____

3. Name: _____
Work Phone: _____ Home Phone:_____
Address: _____
City: _____ State: _____ Zip Code: _____
Relationship to you: _____

I attest that the information provided in this application is accurate and truthful. Any item deemed to be false may prevent an applicant from being hired by Comfort Home Health Care, Inc.

Signature:_____**Date:**_____