

EDUCATION

School Name and Location	Diploma/Degree
High School or Equivalent:	
College or University:	
Other Training:	
Special Skills / Qualifications: American Sign Language Languages other than English: Certified Interpreter Computer skill level Other Skills:	

PROFESSIONAL REFERENCES

NAME	ADDRESS	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE READ BEFORE SIGNING

1. I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsification, misrepresentation or material omission of information submitted on this application may constitute grounds for denial or immediate dismissal from employment if I am hired.
2. I hereby authorize investigation of all statements contained herein and employers listed above to give you any and all information concerning my employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same.
3. I understand that employment at Hiawatha HomeCare is on an at-will basis whereas the employment relationship may be terminated without notice or cause by either myself, or Hiawatha HomeCare.
4. If accepted for employment I agree to comply with all company policies and procedures, and to perform all duties assigned to me to the best of my ability.
5. This application is current and active for 1 year. At the conclusion of this time, if I have not had any contact from Hiawatha HomeCare and still wish to be considered for employment, it will be necessary for me to complete a new employment application.

Applicant's Full Name (Please print) _____

Applicant's Signature: _____ Date: _____