

APPLICATION FOR EMPLOYMENT

Hiawatha HomeCare is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Middle

City

Cell Phone:

State

Zip

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Name: __

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Address: _____

First

Home Phone:

E-Mail Address:				
Position Applying For:RNLPNHome Health AideHomemaker Other:				
Type of Position Desired: Full Time Part Time Backup				
Shift Preference: Day Evening Overnight Weekend Any				
Are you presently employed? Yes No				
If yes, may we contact your current employer to verify employment? Yes No After job offer				
Salary Desired: Date Available to Start:				
Were you referred by a current Hiawatha HomeCare employee? If so, please indicate:				
Have you previously been employed by Hiawatha HomeCare? Yes No If yes, when:				
Are you at least 18 years of age? Yes No If no, you may be required to provide authorization for work.				
Are you eligible for employment in the U.S.? Yes No (As required by law, employment is contingent upon your ability to provide documented proof of citizenship or legal eligibility within 3 business days after hire.)				

EMPLOYMENT EXPERIENCE In order that we may verify prior experience, have you used another name in your previous jobs? _____ Yes ____ No List other names used: _ Please note employers beginning with most recent: Employer Name Dates of Employment Job Title Street Address City State Zip Phone Dates of Employment Employer Name Job Title Street Address City State Zip Phone Employer Name Dates of Employment Job Title Street Address State Zip Phone City PROFESSIONAL REFERENCES E-MAIL ADDRESS PHONE # NAME

LICENSES / CERTIFICATIONS / INSURANCES HELD

2.

	License/Certification/ID #	Issuing State/Company	Expiration Date
RN / LPN / CNA			
PT / OT / ST			
CPR			
Driver's License			
Automobile Liability Insurance			
Other			

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EDUCATION

School Name and Location	Diploma/Degree
High School or Equivalent:	1 8
College or University:	
Other Training:	
Other Skills/Qualifications:	
PLEASE READ BEFORE SIGNING	
and that I have withheld nothing which, if disclosed, might a	mation submitted on this application may constitute grounds for
2. I hereby authorize investigation of all statements contained information concerning my employment, and any pertinent if for any damage that may result from furnishing same.	ed herein and employers listed above to give you any and all information they may have, and release all parties from all liability
	on an at-will basis whereas the employment relationship may be ratha HomeCare. If my employment is terminated, Hiawatha date of termination.
to me to the best of my ability. I understand that Hiawatha H	mpany policies and procedures, and to perform all duties assigned HomeCare may unilaterally change or revise or revoke its benefits, luction in benefits or compensation. Any changes will not be
5. This application is current and active for 1 year. At the co- HomeCare and still wish to be considered for employment, is application.	onclusion of this time, if I have not had any contact from Hiawatha t will be necessary for me to complete a new employment
Applicant's Full Name (Please print):	
Applicant's Signature:	Date:

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