

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:

1. _____ to _____
 Employer Name Dates of Employment Job Title

 Street Address City State Zip Phone

2. _____ to _____
 Employer Name Dates of Employment Job Title

 Street Address City State Zip Phone

3. _____ to _____
 Employer Name Dates of Employment Job Title

 Street Address City State Zip Phone

PROFESSIONAL REFERENCES

NAME	E-MAIL ADDRESS	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LICENSES / CERTIFICATIONS / INSURANCES HELD

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

EDUCATION

School Name and Location

Diploma/Degree

High School or Equivalent:
College or University:
Other Training:
Other Skills/Qualifications:

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. If my employment is terminated, Hiawatha HomeCare is liable only for wages or salary earned as of the date of termination.
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. I understand that Hiawatha HomeCare may unilaterally change or revise or revoke its benefits, policies, and procedures and such changes may include a reduction in benefits or compensation. Any changes will not be retroactive of published date.
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: _____