

LAKESHORE
HOME HEALTH CARE SERVICES, INC.



**APPLICATION FOR
EMPLOYMENT**

LAKESHORE Home Health Care Services, Inc. is an
equal opportunity employer

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Can you prove your U.S. Citizenship? Circle one: Yes No

If not a U.S. Citizen, give Visa No. _____ and Expiration Date: _____

Have you ever been convicted of a criminal offense? _____ yes _____ no (if yes explain on back of form)

Have you ever filed a workers compensation claim? _____ yes _____ no (if yes explain on back of form)

Are you currently subject to a court ordered garnishment or child support? _____ yes _____ no

Position You Are Applying For: _____

License number: _____ Expiration date: _____ 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, Major: _____

Graduate School (Name, City, State): _____

Dates Attended: _____ Degree, Subject: _____

WORK HISTORY

(GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

2-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

3-Employer

Dates Employed:

Address:

City:

State:

Zip:

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:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

I do hereby state that the aforementioned information is true to the best of my knowledge, information and belief. I understand that if I am hired for a position with Lakeshore Home Health Care Services, Inc. and any of the information provided on this application proves to be false I may be terminated for providing false information.

Signature:

Date:

Witness:

Date:

(Rev. 6.14.06)

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AUTHORIZATION FOR BACKGROUND INFORMATION

The **federal Fair Credit Reporting Act and the Consumer Credit Reform Act of 1996** requires **LAKESHORE Home Health Care Services, Inc.** to obtain this Consumer Authorization from any applicant who is subject to a background check either prior to hire or during his \ her employment.

I hereby authorize and request any employer, educational institution, law enforcement department, department of corrections, district court, financial institution, Secretary of State or other person and \ or organization having knowledge about me, to furnish **LAKESHORE Home Health Care Services, Inc., or its agent** with information in their possession regarding me in connection with my employment or application for employment.

A **photocopy of this authorization may be accepted with the same authority** as the original and I waive written notice from present or former employers who may provide information based upon this request. I understand this authorization is part of my employment application with **LAKESHORE Home Health Care Services, Inc.**

Print Name: _____ Sex: _____

Date of Birth: _____ Race: _____

Signature: _____ Date: _____

Address: _____

Drivers License \ State I.D. Number: _____

Social Security Number (for identification purposes only): _____

If name changed (through marriage or any other reason), print former name here:

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PAST EMPLOYMENT REFERENCE REQUEST

Applicant: Please sign and date below:

I have applied for a position with LAKESHORE *Home Health Care Services*. I request that the information below be released to LAKESHORE for consideration of my employment.

Applicant's signature and Social Security number

date

To: _____

Ph# _____

Address: _____

Fax _____

Above applicant name: _____

Employer: Please complete this form in accordance with your company policy and return by mail or fax.

Dates of employment: _____

to _____

Position w/ your company: _____

Character of employment: *(reliability, knowledge of job, skills level, etc)* _____

Signature of person completing form

date

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PERSONAL REFERENCE REQUEST

Applicant: Please sign and date below

I have applied for a position as _____ with Lakeshore Home Health Care Services. Would you please complete this form and return it to Lakeshore HHC?

Thank You

Applicant's signature Date

Addressee: Please complete and sign below. Thank You.

TO: _____

How long have you known this person?

What is your relationship to this person? _____
(friend, relative, co-worker, etc.)

Do you feel this person is reliable? _____

Do you believe this person is knowledgeable and possesses the skills needed for the position for which he/she has applied? YES NO

Comments: _____

Signature of person completing form Date

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Pre-Employment Questionnaire

How did you learn about Lakeshore Home Health Care?

Why would you like to join our company?

What do you feel you can contribute as a member of the Lakeshore Home Care team?

What days and hours are best for you?

What suggestions do you have for how Lakeshore can help make your employment with this company a positive experience?

Signature

Date