IF YOU ALREADYHAVE AN A-TYPICAL PROVIDER ID#, PLACE IT BELOW:

PROVIDER ID#:

NEXT, CONTINUE WITH APPLICATION PROCESS. IF YOU DO NOT HAVE A PROVIDER ID, PLEASE CONTINUE WITH THE APPLICATION PROCESS.

REMEMBER TO RETURN ALL FORMS TO THE EMAIL ADDRESS LISTED ON THE INSTUCTIONS PAGE.

HOME HELP SYSTEMS Sänitas

Application for Employment

SANITAS HOME HELP SYSTEMS, L.L.C.

Please Print

THIS APPLICATION MUST BE SIGNED AND DATED TO BE A VALID APPLICATION.

Type of Work Desired

CAREGIVER ☐ LIVE IN FAMILY CAREGIVER ☐

Date Available for Employment?

Employment Interest
☐ Full Time
☐ Part Time

Are there any days or hours you are not available?

Have you ever applied to this company?
☐ Yes ☐ No

Do you have any relatives employed by this agency?
☐ Yes ☐ No

Can you provide proof that you are legally eligible for employment in the United States of America? ☐ Yes ☐ No

Personal

Name: First | Middle | Last | Other Last Names Used

Address: Number | Street | City | State | Zip Code

Telephone Number (include Area Code)

Are you 18 years of age or older? ☐ Yes ☐ No

Alternate Telephone Number

Email Address

Education

School Name & Location	Graduated	Major	GPA
High School	☐ Yes ☐ No		NA
College	☐ Yes ☐ No		NA
Graduate School	☐ Yes ☐ No		NA
Other	☐ Yes ☐ No		NA

Source

Source of Referral

☐ College / University ☐ Organization / Agency ☐ Internet
☐ Diocese Employee ☐ Newspaper or Print ☐ Job Fair
☐ Job Club ☐ Other (specify)

Employment History

MOST RECENT / INCLUDES FAMILY CAREGIVING

Employer	Telephone	Dates Employed	Description of Work

Address

Job Title

Supervisor

Reason for Leaving

From

To

May we contact? ☐ Yes ☐ No Name: Telephone:

Employer	Telephone	Dates Employed	Description of Work

Address

Job Title

Supervisor

Reason for Leaving

From

To

May we contact? ☐ Yes ☐ No Name: Telephone:

Employer	Telephone	Dates Employed	Description of Work

Address

Job Title

Supervisor

Reason for Leaving

From

To

May we contact? ☐ Yes ☐ No Name: Telephone:

References

List three references we may contact who are qualified to evaluate your work abilities.

Name	Position	Relationship	Phone

To All Applicants for Employment

We appreciate your interest in our organization as a place of employment. Your qualifications will be given careful consideration. It is our policy and practice to make employment decisions without regard to race, religion, gender, national origin, age, veteran status, disability, genetic information, or any other status or condition protected by applicable state or federal law, except where a bonafide occupational qualification applies. We comply with the Drug-Free Workplace Act of 1988 and are a smoke-free work environment.

Agreement

I agree and understand that the employer and/or its agents may investigate my safety performance history, driving record, background investigation, education and employment history to ascertain any and all information pertaining to my record, whether same is of record or not. I release employers and persons named herein from all liability for any and all damages resulting from the furnishing and release of such information.

I understand and agree that this application for employment does not obligate the organization to employ me, and that any interviews granted may be at my expense.

Once a contingent offer of employment has been made, I agree to furnish any additional information and/or submit to oral, written, or physical examinations to complete the employment file.

In consideration of my employment, I agree to conform to the rules and regulations of the employer, including signing an Employee Acknowledgement and the Ethics and Integrity policy. I understand and agree that should I become employed by the organization, I will be an employee at will. My employment can be terminated, with or without notice, at any time, with or without cause, at the option of either the organization or myself.

I understand that any misrepresentation, omission, or false statement by me in this application, in any supplement hereto, or in any other corporate records will be sufficient grounds for not employing me and may result in dismissal without notice at any time during my employment.

I also acknowledge that the employer may continue to investigate my background if I am hired, and that my employment may be terminated if that investigation determines that I do not meet the organization's hiring criteria.

Type Full Name as it Appears on YOUR ID. This will be equal to your handwritten signature.

Applicant Signature

Date