

This application is good for a six month period. If you want to be considered for employment after six months, please reapply.



PrairieLand Home Care

SMP Health System

EMPLOYMENT APPLICATION

An Equal Opportunity Employer.
We comply with all applicable state and
federal civil rights and equal employment
laws and regulations.

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER			
PERMANENT ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
CELL PHONE NUMBER			

POSITION APPLIED FOR:	SALARY DESIRED:
HOW WERE YOU REFERRED TO US?	ARE YOU APPLYING FOR: FULL TIME _____ PART TIME _____
RELATIVES OR FRIENDS EMPLOYED BY OUR AGENCY? (circle one) YES / NO WHAT IS THEIR NAME?	DATE AVAILABLE FOR WORK:
HAVE YOU EVER BEEN EMPLOYED BY OUR AGENCY? (circle one) YES / NO WHEN?	ARE YOU 18 YEARS OLD OR YOUNGER? (circle one) YES / NO
LONG RANGE OCCUPATIONAL GOALS:	WOULD YOU CONSIDER WORKING: (circle applicable) ANY SHIFT? Y / N WEEKENDS & HOLIDAYS? Y / N ON-CALL Y / N
ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? YES / NO PLEASE INDICATE VISA TYPE OR OTHER IMMIGRATION STATUS, IF APPLICABLE VISA TYPE _____ OTHER _____	SHIFT PREFERENCE: 1 ST _____ 2 ND _____ 3 RD _____
WERE YOU EVER CONVICTED OF A FELONY? YES / NO IF YES, EXPLAIN:	

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							YES ___ NO ___	
							YES ___ NO ___	
COLLEGE							YES ___ NO ___	
							YES ___ NO ___	
COLLEGE							YES ___ NO ___	
							YES ___ NO ___	

OTHER Business College, Other Special Courses (included Special Military Training, Post Graduate and Nursing)

AREA OF SPECIALIZATION OR MAJOR INTEREST

TYPING: APPROX. WPM :

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

ARE YOU CURRENTLY ELIGIBLE FOR: ___ REGISTERED ___ LICENSED ___ CERTIFIED
___ REGISTRATION ___ LICENSURE ___ CERTIFICATION

IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NUMBER
	TYPE	STATE ISSUED	DATE	NUMBER
	TYPE	STATE ISSUED	DATE	NUMBER
	TYPE	STATE ISSUED	DATE	NUMBER

LANGUAGE: DO YOU? ___ SPEAK ___ FAIR ___ READ ___ FAIR ___ WRITE ___ FAIR
___ GOOD ___ GOOD
___ FLUENT ___ FLUENT ___ FLUENT

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___ GOOD ___ GOOD
___ FLUENT ___ FLUENT ___ FLUENT

PLEASE LIST PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY HOURLY, OR YEARLY
JOB TITLE:				
EMPLOYER NAME: _____ EMPLOYER ADDRESS AND PHONE NUMBER: _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY HOURLY, OR YEARLY
JOB TITLE:				
EMPLOYER NAME: _____ EMPLOYER ADDRESS AND PHONE NUMBER: _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY HOURLY, OR YEARLY
JOB TITLE:				
EMPLOYER NAME: _____ EMPLOYER ADDRESS AND PHONE NUMBER: _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY HOURLY, OR YEARLY
JOB TITLE:				
EMPLOYER NAME: _____ EMPLOYER ADDRESS AND PHONE NUMBER: _____ DUTIES: _____ _____ REASON FOR LEAVING: _____				
State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted. _____ _____				
In checking references, we will refer to the name indicated below. If you have ever used a name other than the one signed below, please indicate. _____				
Can we run a detailed employment check, including but not limited to a check with your previous employers? Yes___ No___				
_____ Please sign here to authorize reference check				



Prairieland Home Care

SMP Health System

PLEASE SIGN THE FOLLOWING THREE RELEASES ALLOWING PRAIRIELAND HOME CARE TO CHECK EDUCATIONAL AND PAST EMPLOYMENT REFERENCES. WE WILL ALSO BE CHECKING YOUR LICENCE, CERTIFICATION AND/OR REGISTRATION, IF APPLICABLE.

RELEASE: Having made application for employment with Prairieland Home Care, and desiring them to be informed as to my previous record and character, I hereby authorize Prairieland Home Care to investigate my past record and ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employer, references, educational institutions and all persons whomsoever from any damage because of furnishing said information.

Date: _____ Signature: _____

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Date: _____ Signature: _____

Did you serve in the U.S. Armed Services? Yes _____ No _____ What Branch? _____

Have you volunteered your time or service? Yes _____ No _____ Where? _____

Briefly describe duties and skills acquired through volunteer or military service: (include dates) _____

LIST AT LEAST THREE REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY	TELEPHONE NUMBER

MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION BELOW:

Read this section prior to providing signature below.

I hereby certify that the information contained in this application form and accompanying resume (if any) is true and correct and I authorize personnel representatives of this facility to contact any of my schools, former employers, or other references unless otherwise stated. This is to be done for the purposes of collecting information and an account of their experience with me.

I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination before employment. This agreement does not bind either party for any specific period regarding employment. If hired, I understand that the first 90 days of employment are a probationary period.

Date _____ Signature _____

TO BE COMPLETED AFTER EMPLOYMENT

DEPT. TITLE _____ POSITION TITLE _____

PART TIME ___ TEMPORARY ___ FULL TIME ___ NO. OF HIRED HOURS/WK. _____ SHIFT _____

STARTING DATE _____ SUPERVISORY SIGNATURE _____

TO BE COMPLETED BY PERSONNEL RESPONSIBLE FOR HIRING

DATE OF BIRTH _____ MARITAL STATUS _____ NUMBER OF DEPENDENTS _____

NAME OF SPOUSE _____

STARTING SALARY _____ LANGUAGES SPOKEN OR WRITTEN _____

IF APPLICANT IS 18YRS OR LESS, IS PROOF OF AGE ON FILE? YES / NO

ARE THE I-9, STATE, AND FEDERAL W-4'S ON FILE? YES / NO

IN CASE OF EMERGENCY, NOTIFY: _____ RELATIONSHIP _____

ADDRESS: _____ TELEPHONE _____

PERSONNEL SIGNATURE _____ DATE _____