Heavens Home Health Care LLC.

Employment Application

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, creed, color, gender, national origin, citizenship status, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Frist Name		Middle Initial	Last Name	
Address	City	State	Zip Code	
Phone Number		E-mail	Address	

INDICATE POSITION(S) DESIRED:

HOW DID YOU HEAR ABOUT US? :

Are you under 18 years of age? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa of Immigration Status?

Your work availability: Please check any that apply

Full Time Part Time Shift Work Temporary Days Evenings Nights Weekends

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony in any jurisdiction? Yes No If yes, please explain:

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable Accommodation, the activities in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached? Yes No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Specialized Skills & Qualifications:

Check all which apply:

Please List current Professional Certifications, registrations, and licenses. Please include state of issuance, and expiration dates if applicable.

Former Employers

	Date(M/Y):	Name & Address of Employer:	Salary:	Position:	Duties:	Reason for Leaving:
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						

References

(Please include at least two supervisors)

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the release any information regarding my employment. I also authorize to check my background for any criminal record.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of at will employment in certain jurisdictions and that relationship may or may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge from employment from our organization. I understand that I am required to abide by all rules and regulation set forth by the employer.

Signature of Applicant:

Revised 10/17/23