CITI HEALTH HOME CARE SERVICES, INC. EMPLOYMENT APPLICATION

Please Print clearly. This application must be completed and all questions regarding your training and work experience answered. All information on this application is confidential, AND WE will not contact your present employer without your consent.

Name: (Last)	**(First)**	**(Middle Initial)**
Other Name:(if applicable)	**Social Security #:**	
Address:		**Length of time at this address**
Address:		**Length of time at this address**
Home Phone: ( )	**Other: ( )**	
US Citizen: ☐Yes ☐No	**If no, Immigrant ID/Card:**	

Position Applied for: ☐Admin. ☐RN ☐LPN ☐HHA ☐PCA ☐PT/OT/ST ☐MSW ☐Dietician ☐Clerical ☐Other

Minimum Salary Requirement: **Date Available:**

EDUCATION/SCHOOLS ATTENDED	NAME OF SCHOOL AND ADDRESS	DID YOU GRADUATE	COURSE OR MAJOR	DIPLOMA OR DEGREE
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS SCHOOL				
AIDE TRAINING PROGRAM				

WORK HISTORY (PROVIDE 10 YEARS OF WORK HISTORY)

Name, Address and Phone # of Current/Former Employers	From: Mo/Yr	To: Mo/Yr	Job Title	Supervisor's Name	Salary	Reason for leaving

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Have you ever been bonded? ☐Yes ☐No If Yes, by Whom:
Have you ever been refused a bond? ☐Yes ☐No If Yes, by Whom:
Have you ever been convicted of a crime? ☐Yes ☐No If Yes, Explain:
Professional Licenses: **Profession: Lic.No: Exp. Date: Verification:**
Professional Licenses: **Profession: Lic.No: Exp. Date: Verification:**
Para-Professional Certification: ☐HHA ☐PCA **School/Training Program: Verification:**
Para-Professional Certification: ☐HHA ☐PCA **School/Training Program: Verification:**
The information listed in my application is complete and true. I understand that if employed, false statements on this application are cause for dismissal. I will comply with all of the agency's rules and regulations regarding my employment. CITI HEALTH HOME CARE SERVICES, INC. may request information regarding my background which will include work and personal references. **Signature: Date:**
CITI HEALTH HOME CARE SERVICES, INC. does not discriminate because of sex, age, physical handicap, race, creed or national origin. The agency is an equal opportunity employer.

ADDITIONAL REFERENCES

NAME	PHONE	RELATIONSHIP

OFFICE USE ONLY:

DATE OF HIRE:

STARTING DATE:

TITLE:

SALARY: