



Employment Application

- Certified Nursing Assistant • Companion • Homemaker • Home Health Aide
- Licensed Practical Nurse (L.P.N) • Registered Nurse (R.N.)

Name: _____

Today's Date: _____

We appreciate your interest in employment with PREMIER HEALTH CARE, INC.

How did you hear about us?

- Newspaper Publication
- Personal Referral
- School or Organization
- Other Source

Premier Health Care, Inc., 270 Chestnut Street, Needham, MA 02492 / Office: 781-455-0053 / Fax: 781-455-0054

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PREMIER HEALTH CARE, INC. is proud to be an equal opportunity employer. If hired, you will join our team of Quality Caregivers who are dedicated to providing the highest quality of care to all of our clients.

PREMIER HEALTH CARE, INC. is an Equal Opportunity Employer. We hire and promote without regard to race, color, sex, religion, workers' compensation history, marital or veteran status, age, sexual orientation, mental or physical disability, or any other reason prohibited by law.

APPLICANT INFORMATION -- PLEASE PRINT

First Name	Last Name	Middle Initial	
Street Address	City	State	Zip Code
Social Security Number	Date of Birth	Contact Number	
Email Address	Make of Auto	Model	Year Color License Plate #

Are you 18 years of age or older? Yes No

Your Emergency Contact: Name: _____ Telephone Number: _____

Are you a U.S. Citizen or National? Yes No

If no, are you legally eligible to work in the U.S.? Yes No

If yes, can you submit verification of eligibility? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please give particulars:

DESIRED POSITION

Position Applying For: _____ Salary Requirements: _____

AVAILABILITY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Begin time							
End time							

Are there any hours, days or shifts you cannot or will not work?

If yes, please list those hours, days or shifts:

EDUCATION

You may attach a copy of your resume, certificate, Licence, and other material you might want us to consider.

Do you have a High School Diploma or Equivalent? Yes No

Colleges / Universities -- Name and Location	Years Attended	Major	Degree Received
_____ to _____	_____ to _____	_____	_____
_____ to _____	_____ to _____	_____	_____
_____ to _____	_____ to _____	_____	_____

Other training / education -- Name and Location Years Attended

_____ to _____

_____ to _____

EMPLOYMENT HISTORY

If you were employed under a different name, please give the name used _____

Most recent Employer

Name of Company: _____ Dates employed: From _____ to _____

Company Address _____

Are you currently working for this Employer? Yes No

May we contact this Employer? Yes No

Job Title: _____ Supervisor's Name: _____ Phone : () _____

Starting salary: \$ _____ Final salary: \$ _____ Reason for leaving: _____

Description of duties: _____

Previous Employer

Name of Company: _____ Dates employed: From _____ to _____

Company Address: _____

Are you currently working for this Employer? Yes No

May we contact this Employer? Yes No

Job Title: _____ Supervisor's Name: _____ Phone : () _____

Starting salary: \$ _____ Final salary: \$ _____ Reason for leaving: _____

Description of duties: _____

Previous Employer

Name of Company: _____ Dates employed: From _____ to _____

Company Address: _____

Are you currently working for this Employer? Yes No

May we contact this Employer? Yes No

Job Title: _____ Supervisor's Name: _____ Phone : (____) _____

Starting salary: \$ _____ Final salary: \$ _____ Reason for leaving: _____

Description of duties: _____

REFERENCES

Please list three people that are NOT related to you that we may contact (*all three should be business-related references.*)

Name	Company	Telephone	Work Relationship
1. _____			
2. _____			
3. _____			

APPLICANT'S SIGNED STATEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed by PREMIER HEALTH CARE, INC. ("the Company"), false statements, omissions or misrepresentations may result in my dismissal at any time. I authorize the Company to make an investigation concerning my background or any facts set forth in this application. I hereby release the Company, any agent appointed by the Company, and all of its respective employees and employers from any liability related to or arising from the exchange of such information. **I understand that employment at the Company is "at will", which means that either the Company or I can terminate the employment relationship at any time, with or without prior notice, and with or without cause. All employment is continued on that basis.**

Signature of Applicant: _____ Date: _____