



Application for Employment

5339 Alpha Rd. # 200 | Dallas, Texas 75240

Phone: 972.735.0801 | Fax: 972.735.0821

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

Position Applied For: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____ Drivers License Number: _____ State: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Are you over the age of 18? Yes No

Are you authorized to work in the U.S.? Yes No

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you available to work? Per Visit Part Time Full Time

Date first available to work: _____

What days are you available to work? _____

Are you available to work overtime? Yes No

Are you available to provide services to our expanded service area? Yes No

(Counties include Dallas, Tarrant, Collin, Denton, Rockwall, Kaufman, Ellis, Johnson, Hood, Parker, Wise and Hunt.)

If No, What areas are you available to service? _____

Do you know any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No If Yes, please explain: _____

Have you ever been convicted of a crime? Yes No If Yes, please explain: _____

EDUCATION	Name and Address	Subject Studied	Years of Study	Diploma/Degree
High School				
College				
Graduate/Professional				
Other				

Job Related Skills - Summarize special job-related skills and qualifications acquired from employment or other experience, including certifications:

Military Experience - Describe any job-related training received in the United States military.

Other Experience - Describe any additional experience related to your work.

Licenses:

What language(s) do you read, speak or write fluently?

Start with your present or most recent job. Include job-related military service and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or any other legally protected status.

Date of employment From: _____ To: _____

Salary/Rate Starting \$ _____ Final \$ _____

Employer: _____ Telephone Number: _____

Address: _____ Title: _____

Your Supervisor Name: _____ Your Supervisor Number: _____

Work Performed/Responsibilities: _____

Reason for Leaving:

Date of employment From: _____ To: _____
Salary/Rate Starting \$ _____ Final \$ _____
Employer: _____ Telephone Number: _____
Address: _____ Title: _____
Your Supervisor Name: _____ Your Supervisor Number: _____
Work Performed/Responsibilities: _____

Reason for Leaving: _____

Date of employment From: _____ To: _____
Salary/Rate Starting \$ _____ Final \$ _____
Employer: _____ Telephone Number: _____
Address: _____ Title: _____
Your Supervisor Name: _____ Your Supervisor Number: _____
Work Performed/Responsibilities: _____

Reason for Leaving: _____

Please list at least three professional references.

Supervisor Name: _____
Company: _____
Work Phone: _____ Home Phone: _____
E-Mail Address: _____

Is it OK to contact the person listed above? Yes No

Peer Name: _____

Company: _____

Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Is it OK to contact the person listed above? Yes No

Peer Name: _____

Company: _____

Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Is it OK to contact the person listed above? Yes No

Peer Name: _____

Company: _____

Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Is it OK to contact the person listed above? Yes No

I certify that the information given here is true and complete to the best of my knowledge.

I authorize Home Care Providers of Texas to investigate all statements given in this application as may be necessary in making an employment decision. I release all parties from any liability regarding information concerning my previous employment or any other pertinent information they may furnish.

This application for employment shall be considered active for a maximum of 90 days.

I understand and acknowledge that unless otherwise defined my law, any employment relationship with Home Care Providers of Texas (the employer) may discharge me at any time, with or without cause. This at will relationship cannot be changed unless such change is specifically acknowledged in writing by an authorized executive of this organization

I herby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Signature of Applicant _____ Date _____