

# Application for Employment

PO Box 172  
Hutchinson, MN 55350

(320) 587 0005 office  
(320) 587 0053 fax

Welcome Home Health Care is an  
equal opportunity employer



MIDDLE  
FIRST  
LAST

## APPLICANT INFORMATION

Last Name		First	M.I.	Date	____/____/____
Street Address			Apartment/Unit #		
City		State	ZIP		
Phone		E-mail Address			
Date Available		Desired Salary		\$	
Position Applied for					
Who referred you to this company?					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Reason for leaving?		Name of your last supervisor at this company?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

## EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		

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## PREVIOUS EMPLOYMENT

Company	Phone ( )
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Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES  NO

Company	Phone ( )
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Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES  NO

Company	Phone ( )
---------	-----------

Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES  NO

## GENERAL EDUCATION

Subjects of special study or research work:

Special training:

Special skills:

## MILITARY SERVICE

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

## DISCLAIMER AND SIGNATURE

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature	Date _____/_____/_____
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