

**BUFORD HOME CARE
APPLICATION FOR EMPLOYMENT**
(Please print clearly)

Confidential

PERSONAL INFORMATION

DATE OF APPLICATION _____ DATE AVAILABLE _____

NAME _____ SOCIAL SECURITY NO: _____

PRESENT ADDRESS _____ PHONE NUMBER _____

Street city state

PRESENT ADDRESS

(If Different than)

Present Address) _____ Phone Number _____

Street city state

If you cannot be reached at above number, when may be contact you? Name of Person: _____ Ph: _____

Employment Desired

Type of work desired	Shift	Salary
First choice		
Second choice		
Third choice		

We will you Accept Employment of. Full Time?

Part Time? Temporary?

Are you 18 yrs of Age or Old? Yes No

Are You Employed Now? Yes No

May We Contact Your Present Employer? Yes No

How did you

Learn of This Opening? _____

EDUCATION

Circle highest 8 9 10 11 12
Grade Complete 13 14 14 15

Scholastic Honor Received _____

	Name of School	Location (City State)	Courses Taken	Completed	Type of Degree or Certificate Received
Grammar or Great School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Vocational Or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Professional Educational				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Laboratory or x-Ray training				<input type="checkbox"/> No <input type="checkbox"/> Yes	

Last

First

middle initial

Have you ever been convicted of a crime? Yes no if yes, for what, when and where?

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two persons references not related to you, whom you have known at least one year,

Do Not Answer Questions In This Area – To Be Completed After Employed

Date of birth _____ Marital status _____ sex ____ nationality _____ Number Age of child _____

Notify in case of emergency:

Name	Relationship
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Street	City	States	Zip Code	Telephone
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What Language (S) (Other than English) Do You Speak? _____

Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on basis of race, color, sex, citizenship ,national origin, ancestry. Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to per form the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporate supplying such information. I consent to take the physical examination. and such future physical examinations as may be required by this institution at such time and places as the institution shall designate. I understand that and offer of employment may be contingent on passing the physical examination which relates to, the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without Cause, I also understand that my employment may be terminated for any misstatement or of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (i-9), and Within three show Satisfactory evidence of identify and eligibility for employment.

Applicant's Signature

Date

Please indicated Days and Hours You Are Available For Work (Be Special)

Availability Record

Day	From	To
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Primary position desired _____

Sunday	A.M	A.M
		P.M
Monday	A.M	A.M
		P.M
Tuesday	A.M	A.M
		P.M
Wednesday	A.M	A.M
		P.M
Thursday	A.M	A.M
		P.M
Friday	A.M	A.M
		P.M
Saturday	A.M	A.M
		P.M

Will you accept another position?
 Yes No

If so, what? _____

Are you available to work: Weekends? Yes No

Holidays? Yes No

Rotating Shifts? Yes No

Do you limit your annual earnings due to social Security or other reasons?

Yes No

If your availability changes, it is your responsibility to fill in an availability amount you Cards indicating the changes. Such changes will be effective, then, for any future employment.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

 Applicant's Signature

 Date

This Page For Institution And Interviews 'Use Only

Interviewer Comments

Interviewer	Date	Comments

Reference And Prior Employment Check

Individual contacted	Name of firm	Result of check

For Personal Office Use

Hired _____ For What Department _____ Position _____
Year

Salary _____ Per Month _____ Starting Date _____
Hour

BUFORK HOME CARD

Statement of Abuse

I have never abused, neglected, sexually assaulted, exploited or deprived any person or subject any person to serious injury as a result of intentional or grossly negligent misconduct

Employee printed Name

Date

Employee Signature

BHC Rep. Sign Date

EMERGENCY CONTACT

NAME _____

PHONE: _____ CELL: _____

RELATIONSHIP: _____

BUFORD HOME CARE LIC

Documents Required

1. DRIVERS LICENSE
2. RN LICENSE
3. LPN LICENSE
4. CAN CERTIFICATE
5. CPR CARD
6. FIRST AIDE
7. * WORK AUTHORIZATION /GREEN CARD /
CITIZEN /BIRTH CERTIFICATE
8. PPD/CHEST X-RAY
9. SSN CARD
10. CRINAL HISTORY CHECKED

***One of the following is required**