



Advocate Home Specialty Care Inc.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO 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:

Previous Employment

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

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: \$

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: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

Advocare
P.O. Box 63
Wamego, KS 66547

REFERENCE REQUEST: CURRENT/FORMER EMPLOYER

Applicant's Name: _____ Date: _____

Position Applied For: (circle one) RN - LPN - HHA - CNA - Other _____

Current/Former Employer: _____
(Company Name) (Contact Person)

Mailing address: _____
Address City/State/Zip Telephone

Applicant Waiver and Release: I have applied for a position with Advocate Home Specialty Care, Inc. and used your company as an employer reference. I authorize the respondent to furnish Advocate Home Specialty Care, Inc. with whatever information they may have regarding my employment, including any reason(s) for leaving. I am signing this Release and Waiver voluntarily and request that the respondent complete this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with Advocate Home Specialty Care, Inc., I therefore waive and release the respondent from any and all claims or cause of action in law or equity, including, but not limited to defamation of character or invasion of privacy, which might arise from responding to this reference check. This document will become part of my personnel record and may be viewed upon my request.

Applicant's Signature: _____ Date: _____

Signature/Title Advocate Representative: _____ Date: _____

APPLICANT - PLEASE DO NOT WRITE IN THE BOX BELOW

Please complete the following information about the applicant:

Employment Dates: From: _____ To: _____
Beginning Position: _____ Last Position Held: _____
Reason applicant left your company: _____
Type of separation: Voluntary: _____ Involuntary: _____
Is the applicant eligible for rehire? _____ If no, please explain: _____

Please comment on the following characteristic of the applicant	Below Average	Average	Above Average	Comments
Ability to perform assigned job duties				
Ability to communicate (oral/written)				
Ability to take direction (supervision)				
Ability to work with others (teamwork)				
Ability to settle conflicts with co-workers				
Ability to adapt to changes in the job				
Ability to work independently				
Ability to solve problems				
Work attendance and dependability				
Positive attitude toward job and co-workers				

Do you know of any situations in which this person was violent, dishonest, found stealing, etc _____

Please give some examples of situations in which the applicant has shown leadership abilities while working for your company:

Additional Comments:

Respondent's Signature: _____

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Signature/Title Advocare Representative: _____ Date: _____

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