EMPLOYMENT APPLICATION

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with *H3 Care, Inc.* This is not an employment contract. Please answer all appropriate questions completely and accurately. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

PERSONAL INFORMATION

Today's Date:		
Positions(s) Applied For:		
Name: Last	First	Middle
Current Address:Street	City	State Zip Code
Previous Address:Street	City	State Zip Code
Home Phone: ()	Work Phone: ()	
Cell Phone: ()	Alternate Phone: ()
Emergency Contact(s):Nam)Phone
Nam	() Phone
Valid Driver's License #:	State Issued:	Exp.Date:
Make & Model of Vehicle:	Ye	ear of vehicle:
Auto Insurance Company:	Policy #	Exp Date:
Have you ever submitted an application here be	efore? Yes / No If yes, when?	
Have you ever been employed here before? Ye	es / No If yes, when?	
How did you hear about H3 Care, Inc.?		
Why are you interested in employment with us?		

AVAILABILITY

Due to the nature of the business, no guara worked.	antee can be made as to the	he schedule or the numb	er of hours
What date are you available to begin work?	?		
Please complete all areas of availability:			
Afternoon	Evenings	Overnights	Weekends
Please indicate the types of services which	you are willing to provide	:	
Companionship	Errand running*		
Meal Preparation	Personal Care		
Housekeeping	Dementia & Alzheimer	's Care	
Laundry	Office/Clerical		
*In order to be able to run errands, you will be requir record check will be conducted and proof of insurance	red to have a valid driver's licens	e and current auto insurance.	A motor vehicle
JOB RELATED SKILLS Describe any training you have that apply t	o caring for a senior or pe	rsons with disabilities:	
Describe any work history you have that we	ould apply to caring for a s	enior or persons with dis	abilities:
EDUCATION *			
Highest level of education completed?			

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y/N
College/University					Y/N

^{*}For employment our minimum education requirement is either a GED or High School diploma

WORK HISTORY

MOST RECENT EMPLOYER Are you currently working for this employer? Yes / No If yes, may we contact? Yes / No City Company Name Dates Employed: From _____ To Job Title Supervisor's Name Duties Reason for Leaving **EMPLOYER** Company Name City Dates Employed: From _____ To ____ Job Title Supervisor's Name **Duties** Reason for Leaving **EMPLOYER** Company Name Dates Employed: From ______ to _____ Job Title Supervisor's Name Duties (Hour, Week, Month) Reason for Leaving **SECURITY** Have you had any traffic violations, been charged or convicted of a felony, misdemeanor or served time? If yes, please describe: Yes / No

REFERENCES

Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

Full Name	Phone Number	Relationship	Number of Years Known
1)	H() W()		
2)	H() W()		
3)	H() W()		

CERTIFICATION AND RELEASE: I understand that any false information, omissions or misrepresentations of facts on this application may result in rejection of my application or discharge at any time during my employment. I authorize the company to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that my employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between *H3 Care, Inc.*, and myself is terminable at-will, so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE	DATE	