

Mountain View Home Health & Hospice

7050 S Highland Dr. Ste. 340

Cottonwood Heights,

UT 84121-3749

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

PERSONAL INFORMATION

Date _____

Name _____ Social Security No. _____

Last First Middle Initial Date of Birth

Present Address _____ Telephone No. _____

City _____ State _____ Zip _____

Permanent Address (if different
from Present Address) _____ Telephone No. _____

Street

City _____ State _____ Zip _____

Position(s) applied for _____ Rate of Pay Expected \$ _____

Would you work Full-Time ___ Yes ___ No Part-Time ___ Yes ___ No Specify days and hours if part time _____

List Volunteer or Community Service Positions (work) which you feel are related to the position for which you are applying.

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying.

Were you previously employed by us? ___ Yes ___ No If yes, when? _____

List any friends or relatives working for us _____

Name Relationship

Name Relationship

Have you ever been convicted of a crime? ___ Yes ___ No (Note: Conviction of a criminal offences will not necessarily preclude your employment.)

If yes, describe in full: _____

If your application is considered favorably, on what date will you be available for work? _____ 20 _____

Person to be notified in case of accident or emergency

Name Relationship

Address Telephone Number

City State Zip

EMPLOYMENT RECORD

(List All Present and Past Positions, Beginning with Most Recent)

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Ending Salary	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
1.								
2.								
3.								
4.								
5.								
6.								

Have you ever been bonded? Yes No If yes, on what jobs? _____

May we contact the employers listed above? Yes No

If not, indicate by number which one(s) you do not wish us to contact _____

This institution does not discriminate in hiring or in any other decision on the 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 perform 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 corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician 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 omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Name of Applicant

Date

APPLICANT – Do NOT Write on This Page

FOR INTERVIEWER’S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR’S USE

TEST ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

Position No. on Page 3	RESULTS OF REFERENCE CHECK	Position No. on Page 3	RESULTS OF REFERENCE CHECK
1.		4.	
2.		5.	
3.		6.	

DISPOSITION

UNDER CONSIDERATION		EMPLOYED ___ PERMANENT ___ PART-TIME		
Possible Work Location(s)	Possible Position(s)	Location & Position	Wage Rate	Date