

APPLICATION FOR EMPLOYMENT

Home Therapy Specialists, Inc. & Affiliates

Notice to Applicants: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic protected by state or federal law.

Personal Information

(PLEASE PRINT)

Date of Application: ____/____/____

Name: _____
(Last) (First) (Middle)

Address: _____
(Apt/Street)

_____ (City) (State) (Zip)

Phone: () - SS #: [][][] [][][] [][][][][]

E-mail: _____

Position Applying For: _____

Why are you applying for work at HTS? _____

On what date are you available to work? _____

Are you 18 years old or older? Yes No **Salary Range Expected:** _____

How did you hear about us?
 Newspaper Friend Walk-in Temp Agency Relative Other _____

Have you ever worked for us before? Yes No **Dates:** _____

Prior position(s) held: _____

Reason(s) for leaving: _____

Do you have any friends or relatives working for HTS? Yes No

If yes, state name(s) and relationship: _____

Are you available to work: Full Time Part Time P.R.N. Temporary

Are you applying for: Day Shift Evening Shift Night Shift All Shifts

If you are applying for a licensed, registered, or certified position, what state(s) do you have a current/valid license in? _____

Are you or have you ever been on the Employee Misconduct Registry? Yes No

Do you have reliable transportation to and from work? Yes No

Do you have a current and valid driver's license, and current auto insurance equal to or greater than the state minimum? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Have you been convicted of or pled guilty to a crime within the last 7 years? Yes No

If yes, please explain: _____

Employment History: (Please list most recent first)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national ancestry or origin, disability,

Are you currently employed? Yes No

Employer: _____ Address: _____ Telephone: _____ Job Title: _____ Reason for Leaving: _____	Dates Employed: From: _____ To: _____ Hourly Rate/Salary: Starting: _____ Final: _____	Duties: _____ _____ _____ _____
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May we contact your current employer? Yes No

Employer: _____ Address: _____ Telephone: _____ Job Title: _____ Reason for Leaving: _____	Dates Employed: From: _____ To: _____ Hourly Rate/Salary: Starting: _____ Final: _____	Duties: _____ _____ _____ _____
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May we contact your current employer? Yes No

Employer: _____ Address: _____ Telephone: _____ Job Title: _____ Reason for Leaving: _____	Dates Employed: From: _____ To: _____ Hourly Rate/Salary: Starting: _____ Final: _____	Duties: _____ _____ _____ _____
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May we contact your current employer? Yes No

(If you need additional space, please continue on a separate sheet of paper)

Attendance

Our attendance control policies aim to reduce employee absenteeism and tardiness and require employees to call in promptly when they will be unexpectedly absent or tardy. Will you be able to meet our call-in requirement?

Yes No

Special Skills and Qualifications

Summarize any special job-related skills and qualifications acquired from employment or other experience.

Education: (Please list most recent first)

School/Institution and Location	Major or Area of Specialization	Degree or No. of Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you speak, write, or understand any foreign languages?
If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at HTS?

List any license and number, certifications, etc.

Job References:

Name _____	Occupation _____
Telephone _____	Occupation _____

Name _____	Occupation _____
Telephone _____	Occupation _____

Name _____	Occupation _____
Telephone _____	Occupation _____

Have you ever had any job-related training in the United States military?
If Yes, please describe _____

If you have been explained the specific job functions of the job for which you are applying or you feel that they are so obvious that you know them, please answer the following (otherwise leave this question blank): Can you perform all necessary tasks of such job(s) with or without a reasonable accommodation? (Note: an answer does not disqualify you from being considered or employed)

Yes No

If No, please list what accommodations you would need _____

Applicant's Statement

EMPLOYMENT UNDERSTANDING (Please read and sign)

I certify that all the information I have supplied on this application is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will disqualify my application and, if hired, would serve as grounds for immediate dismissal.

This company does not discriminate in hiring or any other decision on the basis of race, color, sex, religion, 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 company the right to make a thorough investigation of my past employment and activities, and 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 a physical examination (if applicable), and such future physical examinations as may be required by this company at such times and places as the company shall designate. I understand that any offer of employment is contingent upon the verification of the information I supplied on this application and/or resume; successful completion of both a background and drug test; and on my successful completion of the procedures required by federal law for preemployment verification of my identity and authorization to work in the United States.

I understand that my employment is "at will," and that either party is free to terminate the employment relationship at any time.

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.

Signed _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview Yes No

Remarks _____

Verified status of applicant on ___/___/___ with Employee Disqualification Listing (must be checked for ALL applicants)

Yes No

Result _____ Interviewer _____ Date _____

Valid license, certification, or registration verified Yes No If yes, attach copy

By whom? _____ Which agency? _____ Date _____

Employed? Yes No Date of Employment _____

Department _____ Job Title _____ Hourly Rate/Salary _____

Exempt Non-exempt 80 hour 40 hour or waiver

By _____ Name _____ Title _____ Date _____

Notes _____

RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by _____ that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent bearing this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include The Department of Justice and The Youth Authority, companies, corporations, worker's compensation information, law enforcement agencies or individuals relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, disciplinary, driving (DMV or MVR) records, and criminal or civil records.

I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officer, agent, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

I understand that I have a right to receive a copy of any consumer report created as a result of this release form, by Liberty Alliance Inc.. I have also stated clearly in the boxes listed below as to my desire to receive that report from this company to which I am applying upon its completion. The investigative consumer-reporting agency preparing the report(s) is Liberty Alliance, Inc., 22707 La Palma Ave., Yorba Linda, CA 92887, telephone (800) 630-2880. Their files are available for review by appointment, by certified mail or telephonically with proper identification.

PLEASE PRINT CLEARLY

SIGNATURE OF APPLICANT

PRINT FULL NAME (First, Middle & Last Name)

Street Address

DATE

City, State & Zip

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes in checking records. It is confidential and will not be used for any other purpose.

DATE OF BIRTH

DRIVERS LICENSE NUMBER

STATE

SOCIAL SECURITY NUMBER

LAST NAME AS IT APPEARS ON LICENSE

(PLEASE PRINT CLEARLY)

- Yes, I would like a copy of any investigative consumer report that is conducted by Liberty Alliance, Inc.
 No, I do not need a copy of any investigative consumer report that is conducted by Liberty Alliance, Inc.

BM

Release and Authorization Form Addendum

Employee Name: _____

Name of Licensing Board: _____

License Number: _____

Maiden Name or Other Names Used if applicable:
