



HEIGHTS HOME HEALTH

HEALTH CARE FOR THE 21ST CENTURY

A DIVISION OF HEIGHTS SUPPORT SERVICES, INC.

**WACO BRANCH OFFICE
3425 HILLCREST DR.
WACO, TX. 76708
254-753-0431
1-800-753-0908
fax # 254-753-0696**

EMPLOYMENT APPLICATION

NAME: _____ POSITION: _____

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

| | | | | | |
|---|--|-----------------------|-----------------|---------------|------|
| Company Name | | Dates Employed | | | |
| | | Month | Year | Month | Year |
| Company Address (Street, City, State, Zip Code) | | From | to | | |
| | | Phone | Starting Salary | Ending Salary | |
| | | | \$ | \$ | |
| Your Position Title | | Your Job description: | | | |
| _____ | | _____ | | | |
| _____ | | _____ | | | |
| Your Immediate Supervisor's Name and Title | | | | | |
| May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

| | | | | | |
|---|--|-----------------------|-----------------|---------------|------|
| Company Name | | Dates Employed | | | |
| | | Month | Year | Month | Year |
| Company Address (Street, City, State, Zip Code) | | From | to | | |
| | | Phone | Starting Salary | Ending Salary | |
| | | | \$ | \$ | |
| Your Position Title | | Your Job description: | | | |
| _____ | | _____ | | | |
| _____ | | _____ | | | |
| Your Immediate Supervisor's Name and Title | | | | | |
| May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

| | | | | | |
|---|--|-----------------------|-----------------|---------------|------|
| Company Name | | Dates Employed | | | |
| | | Month | Year | Month | Year |
| Company Address (Street, City, State, Zip Code) | | From | to | | |
| | | Phone | Starting Salary | Ending Salary | |
| | | | \$ | \$ | |
| Your Position Title | | Your Job description: | | | |
| _____ | | _____ | | | |
| _____ | | _____ | | | |
| Your Immediate Supervisor's Name and Title | | | | | |
| May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

| | | | | | |
|---|--|-----------------------|-----------------|---------------|------|
| Company Name | | Dates Employed | | | |
| | | Month | Year | Month | Year |
| Company Address (Street, City, State, Zip Code) | | From | to | | |
| | | Phone | Starting Salary | Ending Salary | |
| | | | \$ | \$ | |
| Your Position Title | | Your Job description: | | | |
| _____ | | _____ | | | |
| _____ | | _____ | | | |
| Your Immediate Supervisor's Name and Title | | | | | |
| May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

| | | | | | |
|---|--|-----------------------|-----------------|---------------|------|
| Company Name | | Dates Employed | | | |
| | | Month | Year | Month | Year |
| Company Address (Street, City, State, Zip Code) | | From | to | | |
| | | Phone | Starting Salary | Ending Salary | |
| | | | \$ | \$ | |
| Your Position Title | | Your Job description: | | | |
| _____ | | _____ | | | |
| _____ | | _____ | | | |
| Your Immediate Supervisor's Name and Title | | | | | |
| May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

Have you ever been convicted of a crime? Yes No If so, 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 may assist us in placing you: _____

REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYEES

| Name and Relationship | Title | Address | Telephone |
|-----------------------|-------|---------|-----------|
| | | | |
| | | | |
| | | | |

AVAILABILITY INFORMATION

Please indicate Days and Hours you are Available for work (Be Specific)

| DAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|------|--------|--------|---------|-----------|----------|--------|----------|
| FROM | | | | | | | |
| TO | | | | | | | |

Primary position desired: _____ Will you accept another positions? Yes No
(If so what) _____. Are you available to work Weekends
 Holidays On Call? Give brief explanation: _____

If your availability status changes, it is your responsibility to notify your department head or the administrator. 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 schedule change as directed by my department head or administrator of this institution.

Do you limit your annual earnings due to Social Security or other reasons? Yes No
If yes, please state what is the maximum amount you wish to earn. _____.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, 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, and agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I understand and consent to any physical examination that may be required by this institution at such time and place as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination, which relates to the essential duties that 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 understand if employed I will be required to complete an Employment Verification (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

I certify that all information I have supplied on this application is true and complete. I understand that any wrong or incomplete information on this application can lead to my not being hired or, if I am hire, to my termination from employment if discovered after hire.

Applicant's Signature: _____ Date: _____