



*Therapeutic Care. Heartfelt Compassion.*

**Care at Home With Therapy at Heart!**

## Application for Employment

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City**

**State**

**Zip**

**Daytime Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Position Applying for:** \_\_\_\_\_

**Full-time** \_\_\_\_ **Part-time** \_\_\_\_ **PRN** \_\_\_\_

**What hours are you available to work?** \_\_\_\_\_

**List professional licensure you hold:** \_\_\_\_\_

**Are you available to work weekends?** Yes \_\_\_/ No \_\_\_ **Holidays?** Yes \_\_\_/ No \_\_\_

**Desired wage?** \_\_\_\_\_

**How did you hear about this company?** \_\_\_\_\_

**Who referred you to this company?** \_\_\_\_\_

**Have you ever applied for a position with this company before?** Yes \_\_\_/ No \_\_\_ **When:** \_\_\_\_\_

**Are you at least 18 years of age and legally eligible for work in the U.S?** Yes \_\_\_/ No \_\_\_

**If offered employment, when would you be available to work?** \_\_\_\_\_

**Emergency contact information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone: \_\_\_\_\_

**Employment History:**

List employers starting with current/ most recent.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_

Beginning Wage: \_\_\_\_\_ End Wage: \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact? Yes \_\_\_/ No \_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

May we contact? Yes \_\_\_/ No \_\_\_

Begin Wage: \_\_\_\_\_

End Wage: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact? Yes \_\_\_/ No \_\_\_

Are you able to perform the essential functions of the job for which you are applying for, wither with/without reasonable accommodations? Yes \_\_\_/ No \_\_\_

If no, list functions that cannot be performed: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ / No \_\_\_

Do you speak or understand any foreign languages? Yes \_\_\_/ No \_\_\_

If yes, list:

\_\_\_\_\_

\_\_\_\_\_

List any other experience, training, qualifications, or skills in which you feel would qualify you for the position applying for would make you especially suited for working with this company?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information provided on this application is truthful and accurate. I understand providing false or misleading information will be basis for rejection of my application, or if employment commences immediate termination.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



625 South Earl Avenue Suite D  
Lafayette, Indiana 47904  
Phone: (765) 838-1660  
Fax: (765) 838-1662

## Reference Request Form

I, \_\_\_\_\_ authorize Physiocare Homecare and Hospice to contact former employers regarding my employment. I authorize former employers to fully and freely communicate information regarding my previous employment. I authorize those persons listed as references to fully and freely communicate information regarding my employment.

Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

1. How long have you known this applicant? \_\_\_\_\_
2. What title did the applicant hold during employment? \_\_\_\_\_
3. What were dates of employment? From \_\_\_\_\_ To \_\_\_\_\_
4. Describe applicants overall job performance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Were there any attendance issues? Yes/ No
6. Did the applicant work well with others? Yes/ No
7. Is the applicant eligible for rehire with your company? Yes/ No
8. List any other information you feel is relevant to this applicant:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing

\_\_\_\_\_  
Date



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