



**Notice to Applicants and Employees**

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.



**Haven Home Health, Inc.**

7726 Highway 165 S.  
Columbia, LA 71418  
1-888-HAVEN-00

**Application for Employment**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applying For \_\_\_\_\_ Date of Application \_\_\_\_\_

How Did You Learn About Us?

- Advertisement       Friend       Walk-In
- Employment Agency       Relative       Other \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?       Yes    No

Have you ever filed an application with us before?       Yes    No  
If Yes, Give Date \_\_\_\_\_

Have you ever been employed with us before?       Yes    No  
If Yes, Give Date \_\_\_\_\_

Are you currently employed?       Yes    No

May we contact your present employer?       Yes    No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship/immigration status will be required upon employment.)       Yes    No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:    Full Time    Part Time    Shift Work    Temporary

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

Can you travel if the job requires it?       Yes    No

Have you been convicted of a felony within the last 7 years?       Yes    No  
Conviction will not necessarily disqualify an applicant from employment.  
If Yes, explain \_\_\_\_\_

We are an equal opportunity employer.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**List professional, trade, business, or civic activities and offices held.**

You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

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**Other Qualifications**

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

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**Specialized Skills**

Check Skill/Equipment Operated

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> CRT        | <input type="checkbox"/> Fax              |
| <input type="checkbox"/> PC         | <input type="checkbox"/> Microsoft Office |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> PBX System       |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Word Perfect     |

Production/Mobile Machinery:      Other:

_____	_____
_____	_____
_____	_____
_____	_____

**State any additional information you feel may be helpful to us in considering your application.**

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**Note to Applicants:**

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is attached.

Yes    No

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**References**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**For Personnel Department ONLY**

Position(s) Applied For is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Education**

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate School				
Other (Specify)				

**Indicate any foreign languages you can speak, read, or write.**

	Fluent	Good	Fair
Speak			
Read			
Write			

**Describe any specialized training, apprenticeship, skills and extracurricular activities.**

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**Describe any job-related training received in the United States military.**

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Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

<b>1</b>	<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	<b>Address</b>				
	<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>		<b>Supervisor</b>			
<b>Reason for Leaving</b>					

<b>2</b>	<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	<b>Address</b>				
	<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>		<b>Supervisor</b>			
<b>Reason for Leaving</b>					

<b>3</b>	<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	<b>Address</b>				
	<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>		<b>Supervisor</b>			
<b>Reason for Leaving</b>					

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

<b>4</b>	<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	<b>Address</b>				
	<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>					

<b>5</b>	<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	<b>Address</b>				
	<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>					

<b>6</b>	<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	<b>Address</b>				
	<b>Telephone Number(s)</b>		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>					

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

**Haven Home Health, Inc.**  
**Acknowledgement of Employment Relationship**  
**Personal Reference Check – Release of Liability**

I hereby understand and acknowledge that if employed by Haven Home Health, my employment may be terminated at any time, with or without cause, at the option of either Haven Home Health, or me. I also understand that neither my application, nor any communication by a management representative, other than the Owner, Administrator, or C.E.O., is intended to create or creates a contract for employment or a guarantee of benefits. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract or contract by implication.

I authorize Haven Home Health to make any investigation of my personal or employment history and authorize any former employer, person, firm, school, corporation, or government agency to give Haven Home Health any information they may have regarding me. In consideration of Haven Home Health's review of this application, I release Haven Home Health and all providers of information from any liability as a result of furnishing and receiving this information.

[Certified Nursing Assistants – Only] I understand that, as a part of the applications process, Haven Home Health will verify with the state(s) nurse's aide registry my competence and certification as a nurse's aide and may obtain any and all information contained in the registry for use in evaluating my application for employment.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. A photocopy of the authorization shall be deemed as effective as the original.

Applicant's Full Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Please list all names under which enrolled or employed (Print):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_