



WILLIAMS HOME HEALTH CARE, INC.
716 SOUTH FLORISSANT ROAD
ST. LOUIS, MO 63135

PLEASE PRINT CLEARLY
PERSONAL DATA

SSN _____

MALE _____

FEMALE _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

TELEPHONE () _____ CELL () _____

OTHER NAMES UNDER WHICH YOU HAVE WORKED _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES _____ NO _____ DATE OF BIRTH _____

ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS?
YES _____ NO _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT?

* PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?

YES _____ NO _____

* A BIRTH CERTIFICATE OR OTHER PROOF OF AGE

YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A FELONY OR MISDEMEANOR?
YES _____ NO _____ (IN MISSOURI _____ OTHER STATE(S) _____)

IF YES, PLEASE GIVE THE DATE, LOCATION AND DISPOSITION OF YOUR CASE:

ARE YOU PRESENTLY OR HAVE YOU EVER BEEN ON THE EDL (EMPLOYMENT DISQUALIFICATION LIST) IN
MISSOURI OR ANY OTHER STATE(S) YES _____ NO _____

OTHER STATE(S) _____, _____, _____, _____

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION WHICH COULD CAUSE YOU TO BE UNABLE TO
PERFORM ANY OF THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING?

YES _____ NO _____ IF YES, PLEASE EXPLAIN

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME

ADDRESS

TELEPHONE



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POSITION(S) BEING APPLIED FOR _____

SPECIFY: FULL-TIME _____ PART-TIME _____ PRN _____

SHIFT PREFERRED _____ DAYS AND HOURS IF PART-TIME _____

IF AN OFFER IS EXTENDED, WHEN WOULD YOU BE AVAILABLE FOR WORK? _____

HOW DID YOU BECOME AWARE OF THE POSITION FOR WHICH YOU ARE APPLYING

FRIEND _____ COLLEGE PLACEMENT _____ NEWSPAPER _____ EMPLOYMENT AGENCY _____

DO YOU HAVE A RELIABLE METHOD OF TRANSPORTATION TO USE IF YOU ARE HIRED?

YES _____ NO _____ IF YES, SPECIFY: BUS _____ CAR _____ OTHER _____

EDUCATION AND TRAINING

NAME OF SCHOOL AND ADDRESS **# OF YEARS** **COURSE** **DIPLOMA**

PROFESSIONAL AND TECHNICAL APPLICANTS ONLY:

PROFESSIONAL LICENSE NO. **TYPE OF LICENSE** **PLACE OF ISSUE** **EXP. DATE**

MEMBERSHIP OF PROFESSIONAL ORGANIZATIONS:

UNDERLINE JOB BELOW TO INDICATE EXPERIENCE IN ANY OF THE FOLLOWING:

OFFICE

SECRETARY

BOOKKEEPING

WORD PROCESSOR

PERSONNEL

OFFICE EQUIPMENT

COMPUTER

INSURANCE BILLING

TYPING (WPM)

MEDICAL RECORDS

PUBLIC RELATIONS

MANUAL/ELECTRIC

PAYROLL

STATE COMPUTER PROGRAM & SOFTWARE YOU ARE FAMILIAR WITH AS IT PERTAINS TO

ADMINISTRATIVE DUTIES _____

NURSING

EDUCATION

GERIATRIC

PVT DUTY

NURSING HOME

HOME CARE

LIVE-IN

CPR

HOUSE KEEPING

PSYCHIATRIC

PEDIATRIC

CMT

ISOLATION

OTHER _____



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EDUCATION AND TRAINING CONTINUED

DO YOU SPEAK, READ OR WRITE ANY LANGUAGE OTHER THAN ENGLISH?
YES _____ NO _____ LANGUAGE _____

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$			
Per:	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$			
Per:	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$			
Per:	Supervisor: Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$			
Per:	Supervisor: Telephone:		

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
Name	Address	Telephone	Occupation	Years known

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime phone: _____
Address: _____ Relationship: _____



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PLEASE READ CAREFULLY

I hereby certify that the answers to the following questions are true to the best of my knowledge and agree to have Any of the statements checked unless I have indicated to the contrary.

I am aware that a more detailed investigation concerning background and credit may also be conducted, if applicable to the job for which I am applying, and I hereby authorize such an investigation.

I understand that employment is contingent upon satisfactory completion of reference checks and that upon my written request information on the nature and scope of an inquiry, if one is made, will be provided to me.

Should a job offer be made, I shall have a physical examination, TB Test and CPR Certification prior to days of employment and yearly thereafter. I understand that any offer, or continued employment if hired is contingent upon my being physically and medically able to perform my duties without harm to myself or to others. I understand that \$50.00 will be deducted from my paycheck to cover the cost of my physical exam.

I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that nothing contained in this employment application is intended to lead or create an employment contract between my prospective employer and myself.

I understand that any misrepresentation or falsification can be grounds for refusal or employment. Furthermore, if Employed, any false statements or misrepresentation made herein may be caused for dismissal. I understand that \$5.00 will be deducted from my paycheck to cover the cost of the Highway Patrol Report.

Applicant's Signature _____ Date _____

COMMENTS: _____

DO NOT WRITE BELOW THIS LINE---FOR OFFICE USE ONLY

Date Interviewed _____

Interviewed by _____

Hired YES _____ NO _____

Start Date _____