



2171 Executive Drive Suite 500  
Addison, Illinois 60101

(866) 320-3300 Toll Free  
(630) 317-3310 Fax

Please complete this **Application for Employment** fully and accurately. Incomplete applications may not be considered. After a ninety (90) day period, this application will become inactive and you will need to complete a new application should you want to be considered for a position at Family. Thank you.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State/ Zip Code

Phone #: (\_\_\_\_) \_\_\_\_\_ Social Security \_\_\_\_\_

- Are you 18 years or older?  Yes  No
- If hired, can you supply the required documentation to verify your lawful right to work in the United States?  Yes  No
- Have you ever been convicted of a crime?  Yes  No If "YES" please explain: \_\_\_\_\_

- Do you speak any language other than English? Specify: \_\_\_\_\_
- How did you hear about Family Home Health Services, Inc.? \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

Date Available to work: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you available for:  Weekends  Days  Evenings  On Call

Full Time  Part Time (Days available and projected # of visits desired):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you employed now?  Yes  No

We are an Equal Opportunity Employer. Equal access to employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify Human Resources.



<b>EDUCATIONAL BACKGROUND</b>	Name/City & State of School	# of Years Attended	Did you Graduate	Degree/Diploma
High School				
College				
Other				

**EMPLOYMENT HISTORY**

Provide the following information from your past and current employers, assignments or volunteer activities, beginning with the most recent (use additional sheets if necessary).

Employer:	Phone #:	Dates Employed:	Position:
Address:			
Type of work:	Starting Ending hourly rate:		
Immediate Supervisor/Title:	Phone #		
May we contact this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Phone #:	Dates Employed:	Position:
Address:			
Type of work:	Starting Ending hourly rate:		
Immediate Supervisor/Title:	Phone #		
May we contact this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			



Employer:	Phone #:	Dates Employed:	Position:
Address:			
Type of work:		Starting Ending hourly rate:	
Immediate Supervisor/Title:		Phone #	
May we contact this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Phone #:	Dates Employed:	Position:
Address:			
Type of work:		Starting Ending hourly rate:	
Immediate Supervisor/Title:		Phone #	
May we contact this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Do you have access to a vehicle on a daily basis?  Yes  No

**DRIVER'S LICENSE:**

State: _____	Number: _____	Expiration Date: _____
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**LICENSURE:** (Complete this section if you are licensed, registered or certified)

Type	State Issued	Effective Date	Expiration Date	Number



**REFERENCES:**

Give the name of 3 business/work references, not related to you whom you have known at least one year. If not applicable, list 3 school or personal references who are not related to you.

First and Last Name	City and State	Telephone Number	Years Acquainted
1.			
2.			
3.			

- I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected. Furthermore, if I am employed when this discovery occurs, my employment may be terminated at any time.
- Except where I specifically indicated, I give Family Home Health Services, Inc./Centered Hospice/Solutions for Seniors, Inc. (from here on known as “Family”) the right to contact and obtain information from all references, employers, and educational institutions I listed and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Family and its representative for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.
- Family does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. If I am hired, I understand that I am free to resign at any time, with or without cause and that Family reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.
- This application does not constitute an agreement representative of Family, other than by an authorized officer. I understand that it is this company’s policy not to refuse to hire a qualified individual with a disability because of that person’s need for reasonable accommodations as required by the ADA and Section 504 of the Rehabilitation Act. I also understand that if I am hired, I will be required to provide proof of identity and evidence of legal work authorization. In consideration of my employment, I agree to conform to Family’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause or without notice, at any time by Family.

**I have read, fully understand seek employment under the above delineated conditions.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date