



Elizabeth's

HOME CARE AGENCY L.L.C.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
127 Cedar Street, Branford, CT 06405
www.elizabethshomecare.com
203-488-8889
License # HCA. #0000405

Date: _____ Email: _____

Social Security Number: --

Driver's License Number: _____

Insurance Co. Name: _____ Card #: _____ Exp. Date: _____

Name: _____
Last First Middle

Home Address: _____ Apt. #: _____ City: _____ Zip Code: _____

Home Telephone #: _____ Cell #: _____ Alternate #: _____

Position Applied For: _____

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
(Check All That Apply)

Hours Desired: Full Time Part Time From: _____ To: _____

Have you ever applied to EHCA before? Yes No When: _____

How did you learn of this EHCA opening? _____

Are you employed now? Yes No

If yes, may we contact your present employer? Yes No

Allergies: _____ Pet Friendly: Cats Dogs

Smoker? Yes No

APPLICATION FOR EMPLOYMENT (continued)

Education Completed			
	Name & Location of School	Year of Graduation	Degree/Certification
High School or GED			
College			
HHA or NA Training School, or Any relevant training –correspondence or otherwise.			

Former Employers				
<i>(Start with more recent employer; list last four employers)</i>				
Dates	Name & Address of Employer	Position	Annual Salary	Reasons for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Personal References				
<i>(Please furnish three references with complete address. DO NOT list former employers or relatives. The individuals you list should have known you for at least two years)</i>				
Name	Address (include city, state and zip)	Phone Number	Business	Years Known

APPLICATION FOR EMPLOYMENT (continued)

EHHCA conducts Background checks for the protection of our employees and clients.

Have you ever been convicted of a crime? Yes No

If Yes, provide the date, circumstances, and outcome: _____

EHHCA conducts a review of your Driver's License History.

Do you have any moving violations and/or suspensions from the previous five years to disclose?

Yes No

If Yes, provide details, circumstances, and outcome: _____

Applicant Authorization

(PLEASE READ BEFORE SIGNING)

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired or prosecution. You understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and Elizabeth's Home Health Care Agency LLC. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and **EHHCA** retain a similar right.

I hereby acknowledge that I have read, understand, and agree to the above statements.

Signature of Applicant

Date

Qualified Staffing Brings Peace of Mind



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Branford, CT 06405