



Employment Application

Availability: check all that you could work

Mon____ Tues____ Weds____ Thurs____ Fri____ Sat____ Sun____
Day hours____ Evening hours (5-9P)____ Nights (9P-12 MN)____ overnights____ live-in____

Date of Application: _____ Date Available: _____ Position Applying For: _____
Type of Employment Desired: Per Diem # of Hours: _____ PT # of Hours: _____ FT #of Hours: _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

Immaculate Healthcare Solutions LLC

() Home Phone Number () Cell Phone Number Email address

Language skills other than English (written/spoken)

Have you ever been employed here before? Yes or No If yes, when?

Are you legally eligible for employment in the US? Yes No

If not legal citizen: Do you have a green card? Yes No

Do you have a social security card? Yes No

Has your visa expired? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check) Newspaper Ad Internet
Which newspaper? Which site?

Current Employee
We'd like to thank them

Other

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name:

Relationship:

Home Phone Number: ()

Work Phone Number: ()

Cell Phone Number: ()

Immaculate Healthcare Solutions LLC an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Immaculate Healthcare Solutions LLC

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

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Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Education Name & Location Course of Study Years Completed Date Graduated

High School: _____

College: _____

Other: _____

Other: _____

Military Service

Branch of Service: _____ Dates of Service: _____

Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No

Special Schooling and/or Duties: _____

Licenses and Certifications

	License or Certification	ID Number	Expiration Date	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

☐ Yes ☐ No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the Provider permission to do all checks & to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date

Immaculate Healthcare Solutions LLC

Reference Form #1

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Immaculate Healthcare Solutions LLC
Name: _____

 Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ **Date of signature** _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

Immaculate Healthcare Solutions LLC
368 West Pike Street, Suite 102, Lawrenceville, GA 30046
(678) 707-2369 FAX: (404) 404-8935

** If reference was contacted by phone, Provider staff will document & sign/date encounter on backside of this page.

Immaculate Healthcare Solutions LLC

Reference Form #2

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Immaculate Healthcare Solutions LLC
Name: _____

Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ **Date of signature** _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

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