**Rocky Mount Home Health Services, LLC**

**PERSONAL INFORMATION APPLICATION FOR HIRE**

|  |  |  |
| --- | --- | --- |
| **Last Name**  **Enter Last Name** | **First Name**  **Enter First Name** | **Social Security**  **Enter SSN** |
| **Address**  **Enter Address** | **City:**  **Enter City** | **Zip:**  **Enter Zip** |
| **Date of Birth:**  **Enter Date of Birth** | **Phone**  **Enter Phone Number.** | **Marital Status:**  **Enter Marital Status** |
| **Days Available to Work:**  **Sun Mon Tue Wed Thur.**  **Fri  Sat** | **Hours available to work:**  **Earliest: Enter time AM PM**  **Latest: Enter time AM PM** | **Please select your status:**  **PCA Other**  **CNA**  **RN** |

**DESIRED DATE TO START: Select Date DESIRED RATE OF PAY: Enter Rate $/per hr.**

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School**  **Level** | **NAME AND LOCATION OF SCHOOL** | **DATES ATTENDED** | **GRADUATE?** | **MAJOR** |
| **High School** | **Enter School** | **Date** | **YES  NO** | **Major** |
| **Undergraduate**  **College** | **Enter School** | **Date** | **YES NO** | **Major** |
| **Graduate School** | **Enter School** | **Date** | **YES NO** | **Major** |
| **Trade or Business** | **Enter School** | **Date** | **YES NO** | **Major** |

**Please list current and past employers:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of present or last employer: Enter last or current Employer** | | | | | | |
| **Address: Address** | | **City: Enter City** | | | **State**  **St** | **Zip**  **Zip** |
| **Starting Date:**   **Date** | **Ending Date: Date** | | **Last Job Title:**  **Title** | | | |
| **Weekly starting salary:**  **Salary** | **Weekly final salary:**  **Final Salary** | | **May we contact your supervisor?**  **Yes No  Maybe** | | | |
| **Description of work including disability populations you worked with (indicate child or adult** | | | | | | |
| **Description** | | | | | | |
| **Name of Previous Employer: Previous Employer** | | | | | | |
| **Starting Date: Date** | **Ending Date: Date** | | **Last Job Title: Title** | | | |
| **Weekly starting Salary:**  **Salary** | **Weekly final Salary**  **Final Salary** | | **May we contact your supervisor?**  **Yes No  Maybe** | | | |
| **Name of Supervisor:**  **Supervisor Name** | | **Title: Title** | | **Phone Number:**  **Pho**ne **No** | | |
| **Description of work including disability populations you worked with (indicate child or adult):** | | | | | | |
| **Description** | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name a previous employer: previous Employer** | | | | | | |
| **Address: Address** | | **City: City** | | | **State St** | **Zip Zip** |
| **Starting Date: Date** | **Ending Date: Date** | | **Last Job: Title Title** | | | |
| **Weekly starting salary:**  **Salary** | **Weekly final salary:**  **Final Salary** | | **May we contact your supervisor?**  **Yes No Maybe** | | | |
| **Name of Supervisor: Enter Supervisor Name** | | **Title: Title** | | **Phone Number**  **Ph No** | | |
| **Description of work including disability populations you worked with (indicate child or adult):** | | | | | | |
| **Enter Description** | | | | | | |

**REFERENCES**

**Below, list names of three (3) people that are not related to you and who have known you at least one (3) years.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Address** | **Phone** | **Years known** |
| **1** | **Enter Name** | **Address** | **Phone No** | **Yrs** |
| **2** | **Enter Name** | **Address** | **Phone No** | **Yrs** |
| **3** | **Enter Name** | **Address** | **Phone No** | **Yrs** |

**Please sign below,**

**I certify that the facts given in this application are true and complete to the best of my knowledge, and I understand that if employed; falsified statements on this application are grounds for dismissal. I authorize Rocky Mount Home Health Services investigate all statements.**

**Enter Your Name Today’s Date**

**Employee Signature Date**

**Rocky Mount CONFIDENTIAL BACKGROUND**

**Please Print:**

|  |  |  |
| --- | --- | --- |
| **First Name:**  **Enter First Name** | **Middle Name:**  **Middle Name** | **Last Name:**  **Last Name** |
| **Former Name if any(s):**  **Enter Former Name if any** |  | **Dates Used:**  **Enter Date used** |
| **Current Address:**  **Enter Street** | **City:**  **Enter City** | **State & Zip**  **State & Zip** |
| **Previous Address:**  **Enter Street** | **City:**  **Enter City** | **State & Zip**  **State & Zip** |
| **Social Security Number:**  **Enter SSN** | **Phone Number:**  **Phone Number** | **Date of Birth**  **Date of Birth** |
| **Driver’s License Number/State:**  **DL Number/State ID** |

**The information contained in this application is correct to the best of my knowledge.**

I hereby authorize **ROCKY MOUNT HOME HEALTH SERVICES** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me  **Full Name** which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Rocky Mount Home Health Services and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant’s personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

**Potential Employee Signature: Enter Signature Date: Enter Today’s Date**

**Phone: Your Phone Number Gender: Choose an item.**