GOLDEN GLOW HEALTHCARE AGENCY

Homecare You Can Trust

Application for Employment

APPLICANT INFORMATION

Full Legal Name

Application Date

Street Address

City

State

ZIP Code

Primary Phone

Email Address

Social Security No. (SSN)

POSITION INFORMATION

Position Applying For

Date Available

Employment Type (Full-Time / Part-Time / Per Diem)

PROFESSIONAL LICENSURE

License Type (RN / LPN / HHA / NA)

Licensing Board / Authority

License Number

Expiration Date

EMPLOYMENT HISTORY — LAST 12 MONTHS

List ALL employers, agencies, and private patients within the last 12 months. Attach additional pages if necessary.

Employer #1

Employer / Agency Name

Dates of Employment

Employer Address

Supervisor Name

Supervisor Phone / Email

Reason for Leaving

Employer #2

Employer / Agency Name

Dates of Employment

Employer Address

Supervisor Name

Supervisor Phone / Email

Reason for Leaving

AREAS OF EXPERIENCE

Area #1

Duration

Area #2

Duration

Area #3

Duration

Area #4

Duration

Area #5

Duration

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EDUCATION & TRAINING

Education #1

Institution Name

City, State

Degree / Certificate Earned

Dates Attended

Education #2

Institution Name

City, State

Degree / Certificate Earned

Dates Attended

MALPRACTICE INSURANCE (IF APPLICABLE)

Carrier Name

Carrier Address

Policy Number

ELIGIBILITY & BACKGROUND

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

If Yes, Provide Details

HEALTH & PHYSICAL ABILITY

Are you able to perform all job duties with or without reasonable accommodation? ☐ Yes ☐ No

AUTHORIZATIONS & CERTIFICATIONS

EMPLOYMENT VERIFICATION AUTHORIZATION (Required)

I hereby authorize Golden Glow Healthcare Agency to request and receive from all prior employers within one year of the date of this application, all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

Signature

Date

APPLICANT CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be grounds for rejection of this application or termination of employment.

Applicant Signature

Date