

**Pioneer Home Health Care**  
**Employment Application**  
**An Equal Opportunity Employer**

**Please Print**

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle

**Present Address**

\_\_\_\_\_  
No. & Street                      City                      State                      Zip

**Permanent Address (if different from present address)**

\_\_\_\_\_  
No. & Street                      City                      State                      Zip

(\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_  
Business Phone                      Home Phone

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

- Regular full-time work?                       Yes     No
- Regular part-time work?                       Yes     No
- Temporary work, e.g., summer or holiday work?                       Yes     No

What days and hours are you available for work?

\_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends?                       Yes     No

Would you be available to work overtime, if necessary?                       Yes     No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Pioneer Home Health Care before?                       Yes     No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Pioneer Home Health Care?                       Yes     No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

If hired, would you have a reliable means of transportation to and from work?                       Yes     No

Are you at least 18 years old?  
(If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to passing skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?  
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)  Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

\_\_\_\_\_

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____ Address _____ City _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	Name _____ Address _____ City _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	Name _____ Address _____ City _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Other</b>	Name _____ Address _____ City _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Some of our clients do not speak English. Do you speak, write or understand any foreign languages?

Yes  No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at Pioneer Home Health Care?

Yes  No

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?

Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended?

Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

\_\_\_\_\_  
**Name of Employer** (\_\_\_\_\_) Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

Yes  No

\_\_\_\_\_  
**Name of Employer** (\_\_\_\_\_) Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

Yes  No

**Employment History, continued:**

\_\_\_\_\_  
**Name of Employer** (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties \_\_\_\_\_

\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
**Name of Employer** (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties \_\_\_\_\_

\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**Note: Attach additional page(s) if necessary.**

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?  Yes  No

If so, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

\_\_\_\_\_  
**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

