

Independent Contractor's Application

Beulah Home Health Services Inc. do not discriminate on the basis of race, color, age, nationality, sex, religion as required by federal, state and local laws. The agency's policy is to hire qualified applicants' basis on their education, ability, experience and training.

I. PERSONAL INFORMATION:

Name: _____

Current Address:

Street Number: _____

City: _____

State: _____

Zip Code: _____

Permanent Address:

Street Number: _____

City: _____

State: _____

Zip Code: _____

Phone # _____ (Day) _____ (Evening)

SS # _____

- Are you 18 yrs or older: ☐ Yes ☐ No (If yes, a work permit is required.)
- Are you are a U. S. Citizen: ☐ Yes ☐ No
- If you are not, are you eligible to work in the U. S?: ☐ Yes ☐ No
- Have you applied for job with this agency in the past?: ☐ Yes ☐ No
- Date of Birth: _____
- How did you hear about us?:
☐ Friend ☐ News Paper ☐ Staff Member ☐ Website
- Do you have any relation working for BHS?: ☐ Yes ☐ No

If hired, you will be required to provide verification of employment eligibility in the U. S.

II. POSITION DESIRED

☐ FULL-TIME ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
☐ PART TIME ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
☐ WEEKENDS ☐ Sat & Sun
☐ ON CALL ☐ Day: Mon – Fri ☐ Night: Mon - Fri

☐ Yes, I can work **Nights**
☐ Yes, I can work **Nights**
☐ Yes, I can work **Nights**

Any schedule limitations? (Please indicate): _____
Position applied for: _____ Date Avail: _____
Salary Desired: _____ Last Salary Earned: _____

III. MEDICAL INFORMATION

Do you have any condition that will hinder your performance if you are hired?
Please check all that applies to you:

☐ Back Pain ☐ Mental Illness ☐ Physical handicap

IV. EMPLOYMENT HISTORY

a) Company Name: _____
Address: _____ State _____ Zip _____
Name of Supervisor: _____ Telephone # _____
Job Title/Description: _____ Reason for Leaving: _____

Do want us to call your supervisor? ☐ Yes ☐ No. If no, why? _____

b) Company Name: _____
Address: _____ State _____ Zip _____
Name of Supervisor: _____ Telephone # _____
Do want us to call your supervisor? ☐ Yes ☐ No. If no, why? _____

Job Title/Description: _____ Reason for Leaving: _____

c) Company Name: _____
Address: _____ State _____ Zip _____
Name of Supervisor: _____ Telephone # _____
Do want us to call your supervisor? ☐ Yes ☐ No. If no, why? _____

Job Title/Description: _____
Reason for Leaving: _____

Please provide information about any additional work experience:

Have you ever been discharged or asked to resign from any position?

☐ Yes ☐ No. If yes, please explain

Have you ever been convicted of any crime beside minor traffic violation?

☐ Yes ☐ No. If yes, please explain

V. EDUCATIONAL QUALIFICATIONS

High School Attended: _____ from _____ to _____

Graduated: ☐ Yes ☐ No Year Graduate: _____

Degree: ☐ SAT ☐ GED

College Attended: _____ from _____ to _____

Graduated: ☐ Yes ☐ No Year Graduate: _____

Degree: ☐ Associate ☐ Bachelors ☐ Masters

Staff are required to possess understanding of and ability to use Microsoft Office.

I certify that the information provided in this application of employment is true and complete to be best of my knowledge. I understand that any false statement or omission of facts may result in my dismissal. I also understand that if I am hired, the employment does not create an obligation upon Beulah Home Health Services Inc. to continue to retain me in the future.

Applicant's Signature: _____ Date: _____

Application Reviewed by: _____ Title: _____ Date: _____

OFFICIAL USE ONLY

Interviewer's Name: _____ Signature: _____ Date: _____