



# Whitestar Home Health Agency

## Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address City State ZIP Code*

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date Available for Work: \_\_\_\_\_ Are you Currently Employed?: \_\_\_\_\_  
 If yes, may we contact your current employer? \_\_\_\_\_

**Hours Preferred:** Please Specify Days and Hours

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Full Time
  Part Time
  P.R.N.

Please explain why you are interested in this position and how you feel you are qualified.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever been convicted of or pled guilty to a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Education

**High School:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Previous Employment

Please list 3 past employers, starting with the most recent.

Date: MM/YY	Name & Address of Employer	Salary	Position	Reason for Leaving	Notice Given?	Phone # and May We Contact?
From: To:						
From: To:						
From: To:						
From: To:						
From: To:						

### References

Please list TWO professional references and THREE personal references below, to whom you have known for at least one year and are NOT related to.

#	Name	Address	Phone #	Occupation	Years Known
1.					
2.					
3.					
4.					
5.					

Do you have any Military experience?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Do you currently have any lifting restrictions?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Have you had any injuries or surgeries in the last 5 years?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**I hereby declare that my answers to the above questions are answered honestly to the best of my ability. I also hereby consent to a background check prior to employment by Whitestar Home Health Agency.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**