



## APPLICATION FOR EMPLOYMENT

**Heritage Home Health Care**  
173 Charlton Rd., Sturbridge MA 01566  
508-347-0036—Fax 508-347-0038

- Heritage Home Health Care is an equal opportunity employer and does not discriminate because of race, sex, color, religion, age, national origin, sexual orientation, disability, veteran status or ancestry
- HHH intends to comply fully with applicable federal, state and local laws relative to equal opportunity
  - HHH encourages minorities, women, veterans, disabled persons and persons over 40 to apply

***Please Print:***

Date: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(LAST) (FIRST) (MI)

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(STREET) (CITY) (ZIP)

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
(STATE) (NUMBER) (EXP DATE)

How did you hear about us?

Relative  Employment Agency  Newspaper  Internet  Friend  Walk-In  Other

Have you filled out an application here within the last year?  No  Yes

If yes, Date of Application \_\_\_\_\_

If you are under 18 years old, can you furnish a work permit?  No  Yes

If hired, can you provide documentation to show you are legally eligible to work in the U.S.?

Yes  No (Employment is contingent upon proof of employment verification.)

**WORK AVAILABILITY**

Are you employed now?  No  Yes

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

Shifts Available:

7am-3pm    3pm-11pm    11pm-7am    9am-5pm    Shorter shifts

Salary Expected \_\_\_\_\_ per \_\_\_\_\_

Is your schedule flexible  No  Yes

**CLINICAL APPLICANT ONLY**

Professional License Type:

State \_\_\_\_\_

Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Type: \_\_\_\_\_ Awarded by: \_\_\_\_\_

Discuss any special skills and qualifications you possess: \_\_\_\_\_

\_\_\_\_\_

**CLERICAL APPLICATION ONLY**

Check the Areas in which you have experience:

Computer    Typewriter    Phone System    Photocopy Machine    Fax Machine

Computer Software:

\_\_\_\_\_

Discuss any Skills and Qualification you Possess:

**HOME CARE AIDE APPLICATION ONLY**

Are you certified as a Home Care Aide?  Yes  No

If yes, give place and date of certification:

\_\_\_\_\_

(Proof of certification is required)

Are you Certified Nursing Assistant or Nurses' Aide?  Yes  No

If yes, give place and date of certification:

\_\_\_\_\_

Give Current State License Number:

\_\_\_\_\_

**EDUCATION (If required of position)**

	<b>School Name</b>	<b>Address</b>	<b># Years Attended</b>	<b>Degree</b>	<b>Major</b>
<b>High School</b>					
<b>College</b>					
<b>Graduate</b>					
<b>Other</b>					

Did you graduate:  High School       College       Graduate       Other

State any additional information you feel may be helpful to us in considering your application

---

---

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job in which you are applying.

**Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions involved in the job or occupation for which you have applied?**  Yes       No  
**(A description of the activities involved in such a job or occupation is attached)**

**SEALED RECORD NOTICE**

An Applicant for employment with a sealed record on file with the commissioner or probation may answer "No Record" with respect to any injury herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "No Record" with respect to any injury relative to prior arrests, court appearances, and adjustments in all cases of delinquency or as a child in need of services which does not result in a complaint transfer to the superior court for criminal prosecution.

Within the past five years, have you been convicted of a misdemeanor? (Applicants may answer "NO" with respect to a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)       No       Yes

**Have you been convicted of a felony?**  No       Yes

**If yes, please explain** \_\_\_\_\_

**VETERAN STATUS**

Veteran of the U.S. Military Service?  No  Yes

If yes, which branch? \_\_\_\_\_

Please describe any special skills or training acquired while in the service: \_\_\_\_\_

**FOREIGN LANGUAGE (If required of position)**

**Spanish**  Speak  Read  Write

**French**  Speak  Read  Write

**Vietnamese**  Speak  Read  Write

**Other**  Speak  Read  Write

**EMERGENCY INFORMATION**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Alt. #:** \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with present or last job. Include Military Service Assignments and any verified work performed on a volunteer basis. You may exclude names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed: From: To:	Work Performed:
Address:	Hourly Rate: Starting Final	
Supervisor	Phone:	
Reason for Leaving		

Employer	Dates Employed: From: To:	Work Performed:
Address:	Hourly Rate: Starting Final	
Supervisor	Phone:	
Reason for Leaving		

Employer	Dates Employed: From: To:	Work Performed:
Address:	Hourly Rate: Starting Final	
Supervisor	Phone:	
Reason for Leaving		

Employer	Dates Employed: From: To:	Work Performed:
Address:	Hourly Rate: Starting Final	
Supervisor	Phone:	
Reason for Leaving		

**IF YOU NEED ANY ADDITIONAL SPACE PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER**

**SPECIAL SKILLS AND QUALIFICATIONS:** Summarize special skills and qualifications acquired from employment or other experience:

---



---



---

**PROFESSIONAL REFERENCES**

**List three PROFESSIONAL REFERENCES who are NON RELATIVES.**

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_

It is my understanding that this employment application, or the granting of an oral interview, does not represent contract of employment or a promise of future compensation and benefits by the Agency. I understand and agree that if hired, my employment will be at will in nature and may be terminated with or without cause, or with or without notice, at any time, by either myself or my employer. I also understand this written statement supersedes any and all oral representations made by agents or representatives of the agency.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period must file a new application.

**AGREEMENT:** I certify the information on this application is true, complete and correct. I authorize the agency to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form, shall be sufficient cause for denial of employment or discharge.

---

Signature of Applicant

Date

