

EPIC Home Healthcare

YOUR CARE | OUR PASSION

4470 14TH STREET T-320 PLANO, TX 75074

TEL: 469 540-0266 FAX: 469 409-4060

www.epic-hhc.com

JOB APPLICATION

PERSONAL DATA				
LAST	FIRST	M	DATE	HOME PHONE
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)			CELL PHONE	
			EMAIL	
MALE / FEMALE		OPEN TO LIVE-IN CARE - YES / NO		FAX NUMBER
VEHICLE (YEAR, MAKE)		DRIVER'S LICENSE - YES / NO		

PLACEMENT INFORMATION						
DATE AVAILABLE			IDEAL NUMBER OF HOURS PER WEEK			
HOURS AVAILABLE TO WORK						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EDUCATION				
LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES				
NAME OF SCHOOL	LOCATION	SUBJECT	DEGREE	YEARS

REFERENCES			
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS

EMPLOYMENT HISTORY		
PRESENT/LAST EMPLOYER	TELEPHONE NUMBER ()	SUPERVISOR'S NAME
ADDRESS	POSITION TITLE	MAY WE CONTACT?

Responsibilities			DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR	REASON FOR LEAVING
FIRST PREVIOUS EMPLOYER	TELEPHONE NUMBER ()	SUPERVISOR'S NAME		
ADDRESS	POSITION TITLE	MAY WE CONTACT?		
SUMMARY OF DUTIES		DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR	REASON FOR LEAVING	
NEXT PREVIOUS EMPLOYER	TELEPHONE NUMBER ()	SUPERVISOR'S NAME		
ADDRESS	POSITION TITLE	MAY WE CONTACT?		
SUMMARY OF DUTIES		DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR	REASON FOR LEAVING	

EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS
DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK-RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION

HAVE YOU HAD A TB TEST IN THE LAST 3 YEARS?	YES / NO	TESTED POSITIVE / NEGATIVE
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By signing this application, I certify this information to be true and agree to allow _____ Homecare to perform a criminal history background check, at their leisure, and I give permission to _____ Homecare, Inc., to check my references.

_____/_____
SIGNATURE DATE