

EMPLOYMENT APPLICATION



APPLICANT INFORMATION

Full Name: Last First M.I. Date
Address: Apt #
City State Zip code
Phone E-mail Address
Date Available Social Security No. Desired Salary \$

Position Applied for: RESIDENTIAL HHC BOTH Title

If applying to work with a specific person/family, please note

Are you related? Yes No If so, how?

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 worked for this company? Yes No If yes, when?

Do you have any specialized certifications? (ex: CNA, LPN, etc) Yes No

If yes, what?

EDUCATION

High School:

Address

Did you graduate? Yes No Degree

College/ Professional:

Address

Did you graduate? Yes No Degree

REFERENCES

Please list three references of persons not related to you, whom you have known more than three years.

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From (date)	To (date)	
Reason for Leaving		
May we contact your previous supervisor for a reference?	Yes	No

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From (date)	To (date)	
Reason for Leaving		
May we contact your previous supervisor for a reference?	Yes	No

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From (date)

To (date)

Reason for Leaving

May we contact your previous supervisor for a reference? Yes No

MILITARY SERVICE

Branch

From (date)

To (date)

Rank at Discharge

Type of Discharge

If other than honorable, explain

OTHER EXPERIENCE

Please use this additional space to describe in detail any experience you have this is related to the position applied for (personal, professional, or educational) that is not already noted on this application.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. By signing/typing my name below, I authorize Forte Residential/Forte Home Health Care to complete Employment Verification checks as authorized above. This information may be shared with any company or family representative involved with my potential employment.

I understand that providing false or misleading information or omissions of information in my application or interview may result in my being ineligible for hire with this Agency.

Signature

Date

FOR OFFICE USE ONLY

Additional information obtained through interview with staff.

Name of branch office staff providing additional information

How does staff know this person/client

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information obtained through personal interviews concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, and mode of living, may be obtained in connection with your application for and/or continued employment, contract for services or volunteer services with Forte Residential, Inc. and/or Forte Home Health Care, Inc.. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment, contract for services or volunteer services with the Forte Residential, Inc. and/or Forte Home Health Care, Inc.** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Forte Residential, Inc. and/or Forte Home Health Care, Inc. to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my application for and/or continued employment, contract for services or volunteer services at Forte Residential, Inc. and/or Forte Home Health Care, Inc. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above, and have received a Summary of My Rights Under the FCRA. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)

Drivers License Number (For ID Purposes Only)

State

Any other names I have been known by:

Current Address:

Address

City

State

Zip

Previous Addresses (Last 7 Years)

Address

City

State

Zip

Address

City

State

Zip

Signature

Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.

SUBMIT