

Questionnaire

List employment starting with your most recent position.

May we contact your present employer? Yes No Past employer? Yes No

1. What program (if any) do you currently have valid documentation of completion/license?

Took STNA class, but not state tested

STNA license # _____ expiration date _____
issued state _____

I have one year or more experience as a HHA/Aide under the supervision of a nurse
(experience must be on application)

LPN or RN if so license # _____ expiration date _____
issued state _____

None of the above listed

2. Which of these do you have a certification for? (check all that apply)

CPR/BLS

First aid

ACLS

OTHER _____

3. How many years of experience do you have in the healthcare field?

Less than a year

1-2 years

2 years or more

none

Employment History

Dates	Employer Name & Address	Position & Supervisor	Duties	Salary/ Wages	Reason for leaving
Start: _____	_____ Name	Position		Start	
End: _____	_____ Address	Supervisor		Final	
_____	_____ City State			_____	
_____	Phone _____				
Dates	Employer Name & Address	Position & Supervisor	Duties	Salary/ Wages	Reason for leaving
Start: _____	_____ Name	Position		Start	
End: _____	_____ Address	Supervisor		Final	
_____	_____ City State			_____	
_____	Phone _____				
Dates	Employer Name & Address	Position & Supervisor	Duties	Salary/ Wages	Reason for leaving
Start: _____	_____ Name	Position		Start	
End: _____	_____ Address	Supervisor		Final	
_____	_____ City State			_____	
_____	Phone _____				

Have you previously worked for **Beyond Homecare**? Yes No

Name _____

Supervisor _____

Position Held _____

Dates Employed from: _____ to _____

Reason for leaving _____



Please Read carefully

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history, subject to applicable federal, state and/or local laws.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of **Beyond Homecare**.

I understand and agree that, if employed, the employment will be "at will." That is, either I or **Beyond Homecare** may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by **Beyond Homecare** does not imply employment and that this application and/or any other **Beyond Homecare** documents are not contracts of employment.

Applicant's Signature

Date Signed