

**APPLICATION FOR EMPLOYMENT**  
WARD HOME HEALTH CARE, INC.



**PRE-EMPLOYMENT QUESTIONNAIRE**  
**EQUAL OPPORTUNITY EMPLOYER**

Applicant Information			
<b>Last Name</b>	<b>First</b>	<b>M.I.</b>	<b>Date</b>
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail		
Date Available	Last 4 Digits Social Security #	Desired Salary \$	
Position Applied for			
Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Why do you desire to work for this company?			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain.			

Education			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

Employment History (List below last 3 employers, starting with more recent one first.)			
<b>Company</b>		From	To
Address		Phone #	Salary \$
Supervisor		Responsibilities	
May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving	
<b>Company</b>		From	To
Address		Phone #	Salary \$
Supervisor		Responsibilities	
May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving	
<b>Company</b>		From	To
Address		Phone #	Salary \$
Supervisor		Responsibilities	
May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving	

General Information	
Subject of Special Study/Research work	
Special Training	
Special Skills	
Other (Military)	

Disclaimer and Signature	
<p>I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.</p> <p>I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.</p> <p>In consideration for my employment as an Independent Contractor, I agree to abide by the policies, procedures and guidelines of the company, which may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.</p> <p>I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.</p>	
Signature	Date

**DO NOT WRITE ANY FURTHER.** Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

REMARKS	
Neatness	Character
Personality	Ability
HIRED	POSITION
WILL REPORT	SALARY/WAGES

**APPROVED:**

\_\_\_\_\_

**OWNER/MANAGER**

