

# HARRIOTT HOME HEALTH SERVICES, LLC

## EMPLOYMENT APPLICATION

Harriott Home Health Services, LLC complies with all applicable laws concerning nondiscrimination because of race, religion, creed, color, sex, age, national origin, marital status, sexual orientation, disability or veteran status, genetic or any other characteristic protected by law.

PERSONAL	Last Name _____ First _____ Middle _____			Date: _____
	Other Names Currently or Previously Used _____			Home Phone: _____
	Street Address _____		Mailing Address (if different): _____	Cell Phone: _____
	City, State, Zip _____			Other: _____
				Social Security No. (Last 4 only) XXX-XX-_____
	Position Desired: _____			<b>OFFICE USE ONLY:</b> <input type="checkbox"/> Copy of social security card <input type="checkbox"/> Copy of permanent resident card <input type="checkbox"/> Copy of I-9 Application
	What pay are you expecting? _____			
	Are you willing to work overtime if asked? _____			
	Are you legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you had a physical within the past year? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____			<b>OFFICE USE ONLY:</b> <input type="checkbox"/> Copy of Physical <input type="checkbox"/> Copy of PPD/TB test
Have you had a PPD/TB test within the past year? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____				
Professional License # _____ State: _____ Expiration: _____			<b>OFFICE USE ONLY:</b> <input type="checkbox"/> Copy of Prof License <input type="checkbox"/> Copy of CNA Certificate <input type="checkbox"/> Copy of HHA Certificate	
CNA Certificate# _____ State: _____ Expiration: _____				
HHA Certificate# _____ State: _____				
Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>OFFICE USE ONLY:</b> <input type="checkbox"/> Copy of Driver's License <input type="checkbox"/> Copy of Car Registration	
Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Driver's License Plate No. _____				

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	# OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	High School				
	Technical School				
	College				
	Other				

**WORK HISTORY**

**Please give accurate, complete full-time and part-time work record. Start with your most recent workplace. We will provide an addendum if you need additional room to list workplaces.**

Company Name/Address \_\_\_\_\_

Telephone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay/hour: \_\_\_\_\_

Company Name/Address \_\_\_\_\_

Telephone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay/hour: \_\_\_\_\_

Company Name/Address \_\_\_\_\_

Telephone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay/hour: \_\_\_\_\_

Have you ever been placed on probation or terminated for any of the following:

Poor job performance?  Yes  No Absenteeism and/or tardiness?  Yes  No Disorderly conduct?  Yes  No Possession of or being under the influence of alcohol, drugs or controlled substances?  Yes  No

I understand that conviction of a crime will not be an automatic bar to employment, and that Harriott Home Health Services, Inc. will take into consideration the nature and date of the offense, as well as any rehabilitation that has occurred.

Have you been convicted of a crime (including motor vehicle violations requiring court appearance) in the **PAST TEN YEARS** which has not been annulled, expunged or sealed by a court?  Yes  No

If Yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Criminal records subject to erasure pursuant to these statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

The information provided in this Employment Application is true, correct and complete. I understand that if I am employed, any misstatement or omission of fact on this application may result in dismissal. I understand that all employment with Harriott Home Health Services, Inc. is at-will and that, if employed, I will have the right to terminate my employment at any time, and Harriott Home Health Services, Inc. retains the right to terminate my employment at any time for any lawful reason. I also understand that no representative of Harriott Home Health Services, Inc. is authorized to make any oral statement or agreement contrary to this policy. I further understand that acceptance of an offer of employment does not create a contract of employment between me and Harriott Home Health Services, Inc., and that Harriott Home Health Services, Inc. assumes no contractual obligation to continue to employ me in the future. If employed by Harriott Home Health Services, Inc., I understand that Harriott Home Health Services, Inc. reserves the right to change from time to time the terms and conditions of employment that apply to me. I understand that Harriott Home Health Services, Inc. may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. This investigation may include inquiries into my criminal history and any prior convictions. I authorize all agencies, entities, individuals, schools, and employers with information relevant to this application, except my current employer if so noted, to provide any information requested about me, and I release all parties involved from any and all liability arising out of the release of this information.

Signature: \_\_\_\_\_

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