

# **APPLICATION FOR EMPLOYMENT**

***Please Print All Information***

<b>NAME:</b> <i>Last</i>	<i>First</i>	<i>Middle</i>
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**POSITION APPLYING FOR...**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Certified Home Health Aide | <input type="checkbox"/> Registered Nurse or Case Manager | <input type="checkbox"/> Office/Staff<br><i>Specifics.</i> _____ | <input type="checkbox"/> Other<br><i>Specifics.</i> _____ |
|---|---|--|---|

**Please complete all items on this Application. When complete you should review, fully understand and sign the Acknowledgment on Page 7.**

**NOTICE TO APPLICANTS:** Generations Home Healthcare LLC (“Generations”) is an equal employment opportunity employer and does not discriminate on the basis of an applicant’s or employee’s race, creed, color, national origin, nationality, ancestry, age, sex (including pregnancy and sexual harassment), marital status, domestic partnership status, affectional or sexual orientation, atypical hereditary cellular or blood trait, genetic information, liability for military service, or mental or physical disability, including AIDS and HIV related illnesses or any other characteristic prohibited by federal, state or local law.

## Personal Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Did you ever **work** or **attend school** under another name?  YES  NO

If "YES", please provide other name(s)...

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Name of any of your relatives employed by Generations: \_\_\_\_\_

Have you signed any agreement with a previous employer, which restricts your acceptance of employment, solicitation of other employees or the type of work you may perform with another employer?  Yes  No

If "YES" give name/address of such employer and explain terms of agreement.

\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible to be employed in the United States?  Yes  No

**(Proof of identity and eligibility will be required upon employment)**

Have you ever been convicted of, or pled guilty to, a misdemeanor or felony in civilian or military court that has not been annulled or sealed by the court? A conviction record will not necessarily be a bar to employment.  Yes  No

If "YES", explain below, including dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Position Information

Referred By: \_\_\_\_\_ Wages Expected: \$ \_\_\_\_\_

Have you ever worked for Generations? YES NO

If "YES", date(s): \_\_\_\_\_

If "YES", Reason(s) for Leaving Generations: \_\_\_\_\_

\_\_\_\_\_

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### Scheduling Preferences *(if applying as a Certified Home Health Aide)*

Please outline your preferences, as clearly as possible, as to when you are prepared to work:

<b>DAYS</b> (for example, "weekdays only", "M, W & F only", etc.)	<b>HOURS</b> (for example, "only between 9AM and 4PM", "not more than 4 hours between 12PM and 9PM", etc.)

In which geographic areas are you prepared to consider work?

- |   |  |
|---|--|
| <input type="checkbox"/> Hunterdon County | <input type="checkbox"/> Morris County   |
| <input type="checkbox"/> Middlesex County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Union County     |  |

Are there particular towns or areas you will NOT work? If so, please detail.

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Are there any other restrictions on your availability or willingness to accept an assignment? If so, please describe.

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**Education** (List from latest to earliest)

School/Institution	Location	Major or Area Of Study	Degree/Diploma/Certificate

**Achievement** (List any other Academic, Professional, Civic, etc. accomplishments)


<b>MILITARY SERVICE</b>		
BRANCH OF SERVICE:	DID YOU RECEIVE AN HONORABLE DISCHARGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	SPECIALIZED MILITARY TRAINING
LENGTH OF SERVICE FROM: TO:	<b>(A LESS THAN HONORABLE DISCHARGE IS NOT NECESSARILY A BAR TO EMPLOYMENT)</b>	

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**Employment History** (Begin with your most recent Employment. Attach additional sheet if necessary.)

Current Employer: _____	Telephone: (____) _____
Address: _____	
Position/Title: _____	Duties: _____
Supervisor's Name and Title _____	Hourly Pay: \$ _____
Dates of Employment: _____	Reason for Leaving: _____

Previous Employer: _____	Telephone: (____) _____
Address: _____	
Position/Title: _____	Duties: _____
Supervisor's Name and Title _____	Hourly Pay: \$ _____
Dates of Employment: _____	Reason for Leaving: _____

Previous Employer: _____	Telephone: (____) _____
Address: _____	
Position/Title: _____	Duties: _____
Supervisor's Name and Title _____	Hourly Pay: \$ _____
Dates of Employment: _____	Reason for Leaving: _____

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**References**

Name	Relationship to Applicant	Phone	Years Known

**Other**

Is there anything else which might help us in considering your Application for Employment? If so, please describe fully.

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**Commuting and Auto**

How will you commute to your assignments?

- Personal vehicle
- Friend or relative
- Public transportation
- Other (describe) \_\_\_\_\_

Do you have a fully functional motor vehicle?

- Yes  No

Is it available for client errands and appointments; that is, is it fully insured (you will be asked to present proof of insurance), well-maintained and clean?

- Yes  No

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**ACKNOWLEDGEMENT****Please Read Carefully**

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I understand the information provided by me on this application may be investigated. I voluntarily give permission to Generations Home Healthcare LLC (“Generations”) to investigate all the information on this Application and to contact any previous employer or reference provided, unless otherwise noted on the Application.

I warrant the foregoing to be a truthful and complete statement of fact. I understand that any untrue or misleading answer or concealment of any fact will constitute grounds for no further consideration of my application, withdrawal of an offer of employment or immediate discharge at any time during my employment that such false or misleading statement or concealment of any fact become known.

I further understand that after an offer of employment has been made to me I may be required to satisfactorily complete a physical examination (including a drug urinalysis and/or follicle screening) prior to or during my employment, for classification purposes only, to assess job-related capabilities and safe job performance. In addition, I understand that drug testing is required, as part of the employment application process, and that in order to be considered for employment the results of the tests must be negative. I agree to participate in drug substance abuse testing. I fully release Generations Home Healthcare LLC, its’ employees and agents, from liability in connection with such testing and any decision by Generations Home Healthcare LLC, concerning my application.

I understand that after an offer of employment has been made to me, I must execute Generations’ “Confidentiality, Noncompetition and Nonsolicitation Agreement”.

I understand that I will be required to fully comply with the policies, practices and procedures prescribed by Generations Home healthcare LLC.

I understand that if an offer of employment is made an investigative consumer report may be prepared pursuant to the Fair Credit Reporting Act.

I further understand and acknowledge that my employment relationship with Generations Home Healthcare LLC is “at will” which means I may resign at any time and Generations may terminate me at any time with or without cause.

**DO NOT SIGN BELOW UNLESS YOU HAVE THOROUGHLY READ  
AND COMPLETELY UNDERSTAND THE ACKNOWLEDGEMENT ABOVE.**

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_