



Comfort Care, LLC is a community of professionals committed to excellence in service.

APPLICATION FOR EMPLOYMENT

It is the policy of this company to provide equal opportunities without regard to race, color, religion, Sex, national origin, age, disability or any other reason prohibited by law.

This application is to be active for a period of one year.

Position applying for: _____ FT PT PRN Date _____

Name _____ S.S.# _____
(LAST) (FIRST) (MID. INT.)

Current Address _____ Telephone No. _____
(STREET) (CITY) (STATE, ZIP)

Permanent Address: _____
(STREET) (CITY) (STATE, ZIP)

List geographic areas where you prefer to work _____

Are you at least 18yrs. old? YES NO

Are you either a U.S. Citizen or legally authorized to work in the United States?
(Proof of citizenship of right to work status will be required at the time of hire.) YES NO

Review the job description for the position for which you are applying
Do you meet the qualifications and have the ability to perform the essential job functions of this job? YES NO

Have you been convicted of or pled guilty to any criminal felony offense
Other than traffic violations within the past seven years? YES NO

Have you ever been excluded from participation in federal or state health care programs? YES NO

Have you ever been employed by Comfort Care, LLC? YES NO

If yes, give position and dates employed: _____

Dates and times available to work: _____

DATE YOU CAN BEGIN WORK _____ SALARY REQUIREMENTS _____

Special skills you possess pertinent to your profession:

Long-range occupational goals: _____

How were you referred to Comfort Care? _____

RECORD OF EDUCATION

(Amount of education considered necessary will vary according to job applied for.)

EDUCATION	Did you finish? (IF NOT, INDICATE GRADE COMPLETED)	WHEN	NAME OF SCHOOL AND LOCATION	DEGREE/MAJOR
High School		N/A		
College				
University				
Special Schooling or Training				

PROFESSIONAL LICENSURE

(Please check where applicable)

Nursing: RN LPN CNA State License/Certification # _____

Speech: CCC-SLP CCC-A ASHA Certification # _____

 Current State License(s) YES NO State License # _____

Physical Therapy: PT PTA State License # _____

 Current State License(s) YES NO State License # _____

Occupational Therapy: OTR COTA AOTA Certification # _____

 Current State License(s) YES NO State License # _____

Other: Social Work Chaplain State License # _____

Other states you hold a license in: _____

MILITARY SERVICE RECORD

(The hiring and re-employment of veterans will be conducted in accordance with applicable state and federal laws and regulations.)

Are you now a member of a Reserve or National Guard unit? YES NO

Were you in the U.S. Armed Forces? YES NO

 If yes, what branch? _____

 Type of discharge: _____

 Dates of duty: From _____ To _____

List duties in military or special training that prepared you for the position you are seeking:

EMPLOYMENT HISTORY

(List current and all previous employers for whom you have worked.)

EMPLOYER	DATES EMPLOYED		WORK PERFORMANCE
	From:	To:	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE / SALARY		
	From:	To:	
JOB TITLE	SUPERVISOR		
EMPLOYER	DATES EMPLOYED		WORK PERFORMANCE
	From:	To:	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE / SALARY		
	From:	To:	
JOB TITLE	SUPERVISOR		
EMPLOYER	DATES EMPLOYED		WORK PERFORMANCE
	From:	To:	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE / SALARY		
	From:	To:	
JOB TITLE	SUPERVISOR		
EMPLOYER	DATES EMPLOYED		WORK PERFORMANCE
	From:	To:	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE / SALARY		
	From:	To:	
JOB TITLE	SUPERVISOR		
EMPLOYER	DATES EMPLOYED		WORK PERFORMANCE
	From:	To:	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE / SALARY		
	From:	To:	
JOB TITLE	SUPERVISOR		

If you need additional space, please continue on a separate sheet of paper.

Total number of years of related
experience:

**COMFORT CARE, LLC
APPLICATION CONSENT FORM**

Comfort Care, LLC is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, national origin, citizenship status, disability, or status as a Vietnam-era or special disabled veteran. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin, citizenship status, disability or status as a Vietnam-era or special disabled veteran.

I certify that all of the information given by me on this application or in supplemental form is true and correct. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I agree, understand, and authorize that this company or its agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not. I authorize the persons or organization referenced in this application to give the company any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and I release all such parties from all liability for any damage that may result from furnishing such information to this company.

I understand that employment with Comfort Care, LLC is conditional upon the successful completion of a drug and alcohol screening test. Successful completion of the test is no guarantee of employment or job availability. I further understand that I may be required to submit to drug and alcohol testing upon suspicion of being under the influence of drugs or alcohol in the workplace and following a work-related accident to self, or injuries occurring to a patient while under my direct care.

I understand that all offers of employment are made conditional upon the satisfactory completion of a medical examination and/or the satisfactory completion of the company Medical Questionnaire. I understand that "satisfactory completion" includes where reasonable accommodation is possible, and it also includes my consent to the disclosure of any worker's compensation claims, my medical records and exam results.

It is agreed and understood that this Application for Employment in no way obligates the Company to employ me and that any offer of employment is subject to the terms and conditions stated on this application form. I agree and understand that my employment is for no duration and may be terminated at will by either the company or me.

In the event of my employment, any company materials entrusted to me during the course of my employment will be returned to the company on the last day of my employment, regardless of circumstances. I agree and understand that should I be employed, I will not at any time, directly or indirectly, divulge, disclose or communicate to any person, firm or corporation in any manner whatsoever any confidential information concerning any matters affecting or relating to the business of the company, including, but not limited to, business information, strategic business plans, policies, procedures, protocols, programs, projects, concepts, and other proprietary information. I understand that I may be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete.

Signature of Applicant

Date

**COMFORT CARE, LLC
REFERENCE VERIFICATION FORM**

TO BE COMPLETED BY APPLICANT:

Company Name and Supervisor: _____ Phone # _____

Address: _____
(STREET) (CITY) (STATE, ZIP)

Full name & position while with this company: _____

AUTHORIZATION TO RELEASE INFORMATION:

To whom it may concern:

I hereby authorize **Comfort Care** to obtain any information in your files pertaining to my previous employment. The information you supply will be used principally as a basis to determine my qualifications, suitability and fitness for employment with **Comfort Care**.

Full Name _____ Social Security # _____ Date: _____
(Applicant's Signature)

Dear Sir/Madam:

We are considering _____ for employment in the position of _____.
(Applicant's Name)

You are listed as an employer from _____ to _____. We request your cooperation in
(Dates of employment)

Providing the following information, which we will use to determine this individual for employment. We have enclosed an authorization to release the information signed by the Employee. (See Below)

Sincerely,

Recruiter

TO BE COMPLETED BY EMPLOYER/REFERENCE:

1. Is the above date & position correct? _____ If not, please specify the correct dates and position: _____.
2. Status: FT/PT/PRN _____ Eligible for rehire? _____.
3. Reason for leaving: _____
4. Please rate the following with a check in the appropriate column: Excellent Good Fair Poor
(a) His/her job knowledge _____
(a) His/her rapport with patients, families, co-workers and physicians: _____
(a) Attendance/Punctuality _____
5. Are there any other comments you would like to make pertinent to this reference?

Reference Signature

Title

Date

COMFORT CARE, LLC
REFERENCE VERIFICATION FORM

TO BE COMPLETED BY APPLICANT:

Company Name and Supervisor: _____ Phone # _____

Address: _____
(STREET) (CITY) (STATE, ZIP)

Full name & position while with this company: _____

AUTHORIZATION TO RELEASE INFORMATION:

To whom it may concern:

I hereby authorize **Comfort Care** to obtain any information in your files pertaining to my previous employment. The information you supply will be used principally as a basis to determine my qualifications, suitability and fitness for employment with **Comfort Care**.

Full Name _____ Social Security # _____ Date: _____
(Applicant's Signature)

Dear Sir/Madam:

We are considering _____ for employment in the position of _____.
(Applicant's Name)

You are listed as an employer from _____ to _____. We request your cooperation in
(Dates of employment)

Providing the following information, which we will use to determine this individual for employment. We have enclosed an authorization to release the information signed by the Employee. (See Below)

Sincerely,

Recruiter

TO BE COMPLETED BY EMPLOYER/REFERENCE:

1. Is the above date & position correct? _____ If not, please specify the correct dates and position: _____.
2. Status: FT/PT/PRN _____ Eligible for rehire? _____.
3. Reason for leaving: _____
4. Please rate the following with a check in the appropriate column: Excellent Good Fair Poor
(a) His/her job knowledge _____
(a) His/her rapport with patients, families, co-workers and physicians: _____
(a) Attendance/Punctuality _____
5. Are there any other comments you would like to make pertinent to this reference?

Reference Signature

Title

Date