



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicant Instructions: Complete the application in ink and submit it to the Human Resources Department. Please note that this application was designed to be used with a variety of positions. Some questions may not be applicable to the position you are seeking; however, we ask that you answer all questions.

All applicants must read and sign the Applicant's Statement on the fourth page of the application.

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City/State: _____ Zip Code: _____

Telephone: () _____ Social Security Number: _____ Date: _____

Mobile Phone: () _____ Email: _____

Former or maiden names (please provide dates of use): _____

Position(s) sought (list in order of preference): _____

How did you learn about the position? _____

Are you at least 18 years old? Yes No Do you have transportation to work? Yes No

Only U.S. citizens and aliens who have a legal right to work in the U.S. are eligible for employment. If you are offered a position, will you be able to supply documentation verifying your identity and your legal right to work in the U.S.? Yes No

Have you ever been employed by PHC before? Yes No If Yes, supply dates: _____

Have you ever applied to PHC before? Yes No If Yes, supply dates: _____

Will you work overtime if asked? Yes No

Are there any days or hours that you cannot work? Yes No If Yes, specify: _____

If applicable, please list your day/hour preferences: _____

Have you ever been convicted of, pled guilty or no contest to, or forfeited bond or bail for, a felony? Yes No

If Yes, please attach an explanation on a separate sheet of paper. A conviction will not necessarily disqualify you for employment.

If the position you are applying for involves driving, have you been convicted of, pled guilty or no contest to, or forfeited bail for, any traffic violations in the past three years? Yes No

Are you registered, licensed or certified? Yes No If Yes, what State(s): _____

Registered, licensed or certified as: _____ Year first obtained: _____

Date last renewed: _____ Registration, license or certification number: _____

Have you ever had a professional license disciplinary action, or has your license ever been revoked, suspended, or modified in any state? Yes No

If an examination is required, what date are you scheduled to take the examination? _____

If not licensed in the State of Montana, have you applied for reciprocity? Yes No

Applicant Name: _____

EDUCATION			
School	Name and Location of School	Diploma, Degree or Certificate	Major Course of Study
High School			
College			
College			
Graduate School			
Other Training or Education			

List any other job-related skills or licenses that support your application: _____

Professional Honors Received: _____

Current CPR certification? Yes No CPR Expiration Date: _____

CHARACTER REFERENCES

Please list three persons not related to you whom you have known longer than one year.

Name	Telephone/Address	Occupation

EMPLOYMENT EXPERIENCE

Are you currently employed? Yes No

If you are not employed, are you on layoff? Yes No

If Yes, are you subject to recall? Yes No

May we contact your current employer? Yes No

On the next page, please provide information on your employment history, starting with your most recent employer. Please account for all time periods. Attach a separate sheet if necessary.

(Continued on next page)

Applicant Name: _____

Employer	Dates Worked	Supervisor
Address		
Position	Final Salary/Wage	Telephone
Work Performed		
Reason for Leaving		

Employer	Dates Worked	Supervisor
Address		
Position	Final Salary/Wage	Telephone
Work Performed		
Reason for Leaving		

Employer	Dates Worked	Supervisor
Address		
Position	Final Salary/Wage	Telephone
Work Performed		
Reason for Leaving		

Employer	Dates Worked	Supervisor
Address		
Position	Final Salary/Wage	Telephone
Work Performed		
Reason for Leaving		

APPLICANT'S STATEMENT

I certify that the information I provided in this **Application for Employment** is true and complete to the best of my knowledge. I understand that, if I am employed, false statements on this Application or my resume may result in my dismissal. I authorize Partners In Home Care, Inc. to contact my previous employers (except as provided on Page 2 herein) and other resources to investigate any of the facts set forth in this Application or resume. I specifically waive prior written notice of disclosure of any personnel record information, including disciplinary reports, letters of reprimand or other disciplinary action. In consideration of acceptance of my application, I release Partners In Home Care, Inc. and my previous employers of any claimed liability arising out of such response and disclosure.

I understand that nothing in this Application or in the granting of an interview is intended to create an employment contract between Partners In Home Care, Inc. and myself. I understand that if I am accepted for employment, I have no employment contract and no guarantee of a permanent position. I understand that job tenure can be affected by many factors, including business/economic conditions, changes in laws or policies, conformity to work rules, and job performance.

I certify that I have reviewed the Mission, Vision, and Values outlined below, and that I am willing to commit to them if employed by Partners In Home Care, Inc.

Mission

Partners In Home Care, Inc., is passionately committed to assisting clients and families in achieving optimal health, independence and comfort through high quality, cost-effective home and community-related services.

Vision

Partners In Home Care, Inc. will continuously strive to be the provider of choice for exceptional home and community health care services.

Values

We are a client-centered, financially viable, non-profit organization, providing exceptional home care services in an employee-valued culture characterized by:

- Compassion
- Service excellence
- Stewardship
- Respect
- Teamwork

Signature: _____ Date: _____

Partners In Home Care, Inc. is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, gender, national origin, veteran status, disability, sexual orientation or marital status. We assure you that your opportunity for employment with Partners In Home Care, Inc. depends solely on your qualifications.



2687 Palmer Street, Suite B, Missoula, MT 59808
Voice (406) 728-8848, FAX (406) 327-3680
Email: hr@partnersinhomecare.org
www.partnersinhomecare.org

**VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL – FOR STATISTICAL USE ONLY)**

Partners In Home Care, Inc. is an equal opportunity employer that does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, veteran status, or any other classification protected by federal, state or local law. Any information you choose to provide on this form will be used only to compile statistics for government-mandated reports.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment if hired. Identification can be declared at any time prior to or, if applicable, after hire. Whether you choose to complete it or not, please return this page with your application.

Date: _____ Position applied for: _____

Name: _____ Date of Birth: _____

Gender: (Circle one) Male Female

Race/Ethnicity: (Check one)

___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Veteran Status: (Check one)

___ Non-Veteran ___ Vietnam-era Vet ___ Special Disabled Vet ___ Other Vet

Please indicate how you learned about an employment opportunity with this organization:

___ Newspaper ad	___ Tech school/college placement
___ Employee referral	___ Temporary service
___ Recruiter	___ State employment service
___ Web Site	___ Other (List) _____



DISCLOSURE OF INTENT TO PROCURE A CONSUMER REPORT

*This disclosure is intended for, and should be kept by, the applicant.
It should not be returned with the completed application.*

The Fair Credit Reporting Act (15 U.S.C. §§ 1681-1681u) requires any person procuring a consumer report for employment purposes to provide written notification to the consumer of this intent before attempting to procure the consumer report.

This notice is provided to inform you that Partners In Home Care, Inc. will procure a consumer report on you for employment purposes.



AUTHORIZATION TO OBTAIN CONSUMER REPORT

I hereby acknowledge that I have been provided a copy of Partners In Home Care, Inc.'s Disclosure of Intent to Procure a Consumer Report and have read and understood it.

I expressly authorize Partners In Home Care, Inc. to obtain a consumer report on me for employment purposes.

Signature

Name (please print)

Date

