

Alaskan Home Health, Inc. does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, ancestry, sex, or on the basis of age or physical or mental handicap unrelated to the ability to perform the work required. No question on this application is intended to obtain information to be used for such discrimination. This application will be given every consideration. However, its acceptance does not imply that the applicant will be employed.

<b>CONFIDENTIAL (PLEASE PRINT CLEARLY)</b>	HIRE DATE	TODAY'S DATE
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<b>PERSONAL</b>	LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NO.
	STREET ADDRESS			CITY STATE ZIP CODE
OTHER NAME USED IF DIFFERENT FROM PRESENT		CAN YOU FURNISH PROOF THAT YOU ARE LEGALLY PERMITTED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE NUMBER
NOTIFY IN CASE OF EMERGENCY				CELL PHONE NUMBER
ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF HIRED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF AGE		HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN		

<b>EDUCATION</b>	NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE	DATE COMPLETED
HIGH SCHOOL				
COLLEGE				
VOCATION/BUSINESS				
PROFESSIONAL				
OTHER EDUCATION, SPECIAL COURSES OR SPECIAL HONORS _____				

<b>U.S. MILITARY EXPERIENCE</b>	BRANCH OF SERVICE	INITIAL RANK	FINAL RANK
SERVICE SCHOOLS ATTENDED _____			

<b>PROFESSIONAL LICENSE AND/OR CERTIFICATION</b>			
TYPE	NUMBER	DATE ISSUED	STATE ISSUED

<b>DESIRED EMPLOYMENT</b>	FIRST CHOICE	SECOND CHOICE	DATE AVAILABLE	SALARY DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM
HAVE YOU WORKED FOR THIS COMPANY BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____ to _____		
HAVE YOU EVER RECEIVED WORKER'S COMPENSATION?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____ to _____		
HAVE YOU EVER RECEIVED DISABILITY INSURANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____ to _____		

**EMPLOYMENT HISTORY  
MOST RECENT EMPLOYERS FIRST**

COMPANY NAME		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM		PHONE NUMBER	
ADDRESS				JOB TITLE		IMMEDIATE SUPERVISOR	
EMPLOYMENT START DATE		EMPLOYMENT END DATE		STARTING SALARY		SALARY AT THE END	
REASON FOR LEAVING _____							

COMPANY NAME		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM		PHONE NUMBER	
ADDRESS				JOB TITLE		IMMEDIATE SUPERVISOR	
EMPLOYMENT START DATE		EMPLOYMENT END DATE		STARTING SALARY		SALARY AT THE END	
REASON FOR LEAVING _____							

COMPANY NAME		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM		PHONE NUMBER	
ADDRESS				JOB TITLE		IMMEDIATE SUPERVISOR	
EMPLOYMENT START DATE		EMPLOYMENT END DATE		STARTING SALARY		SALARY AT THE END	
REASON FOR LEAVING _____							

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and I agree to have any of the statements checked by the Agency unless I have indicated to the contrary. I authorized the references listed above to provide the Agency any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Agency as well as from the use of disclosure of such information by the Agency or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Agency and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, either at my option or at the option of the Agency. I understand that no employee or representative of the Agency other than the President of Alaskan Home Health, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of Alaskan Home Health, Inc. may not alter the at-will nature of the employment relationship unless he does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal right to work in the U.S.

I understand that any offer of employment with the Agency may be conditioned completing a pre-employment medical examination. Purpose of medical examination is to determine whether I am able to perform the essential functions of the job I am offered with or without reasonable accommodation, to identify any reasonable accommodation if such is warranted, and to ensure that my performance of the essential functions does not present a direct threat to my health and safety of others. I agree to forego such pre-employment medical examination. If hired by the Agency, I further agree to undergo any periodic medical examinations, which are permitted or required by Law.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE