



11880 Lackland Road
 St. Louis, MO 63146
 Phone: 866-991-9944
 www.hh-solutions.com

Employment Application

Date:	Position Applied For:	Date of Birth:
First Name	Middle Name	Last Name
Street Address	City	State
	Zip	SSN#
If at this address for less than one year, please list your prior address:		
Drivers License #:	State: Expiration:	Home Phone: Work Phone: Cellular:

Have you ever been convicted of a Felony? (circle one) YES NO
Have you ever been convicted of ANY crime other than minor traffic violations: (circle one) YES NO
If YES, please explain. Attach additional sheets as necessary. (Criminal history does not bar applicants from employment consideration.)

Employment History

List most current first

Employer:	Job Title:
Address:	Job Description:
City & State:	
Supervisor:	Phone #: Annual Salary
Employed From: (Mo/Yr)	To: (Mo/Yr)
Reason for Leaving:	

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Address:	Job Description:
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Reason for Leaving:	

Education

Name of High School Attended:		Did you Graduate: YES NO
Colleges or Universities Attended:	MAJOR	Degrees Obtained:

List any special skills/ education/ certifications which you believe to be pertinent to this position:

References

Name	Business	Phone	Years Known

AUTHORIZATION AND CERTIFICATION

I authorize Home Healthcare Solutions, at any time during my employment application process or during the course of employment, to investigate and verify information contained in this application as it relates to the position for which I am being considered or in which I may be employed. This includes authorization to conduct reference checks, credit checks, background investigations, and random drug testing as required by management.

I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of information may bar me from selection activities and, if employed, will be cause for dismissal.

Date: _____ Signature: _____